

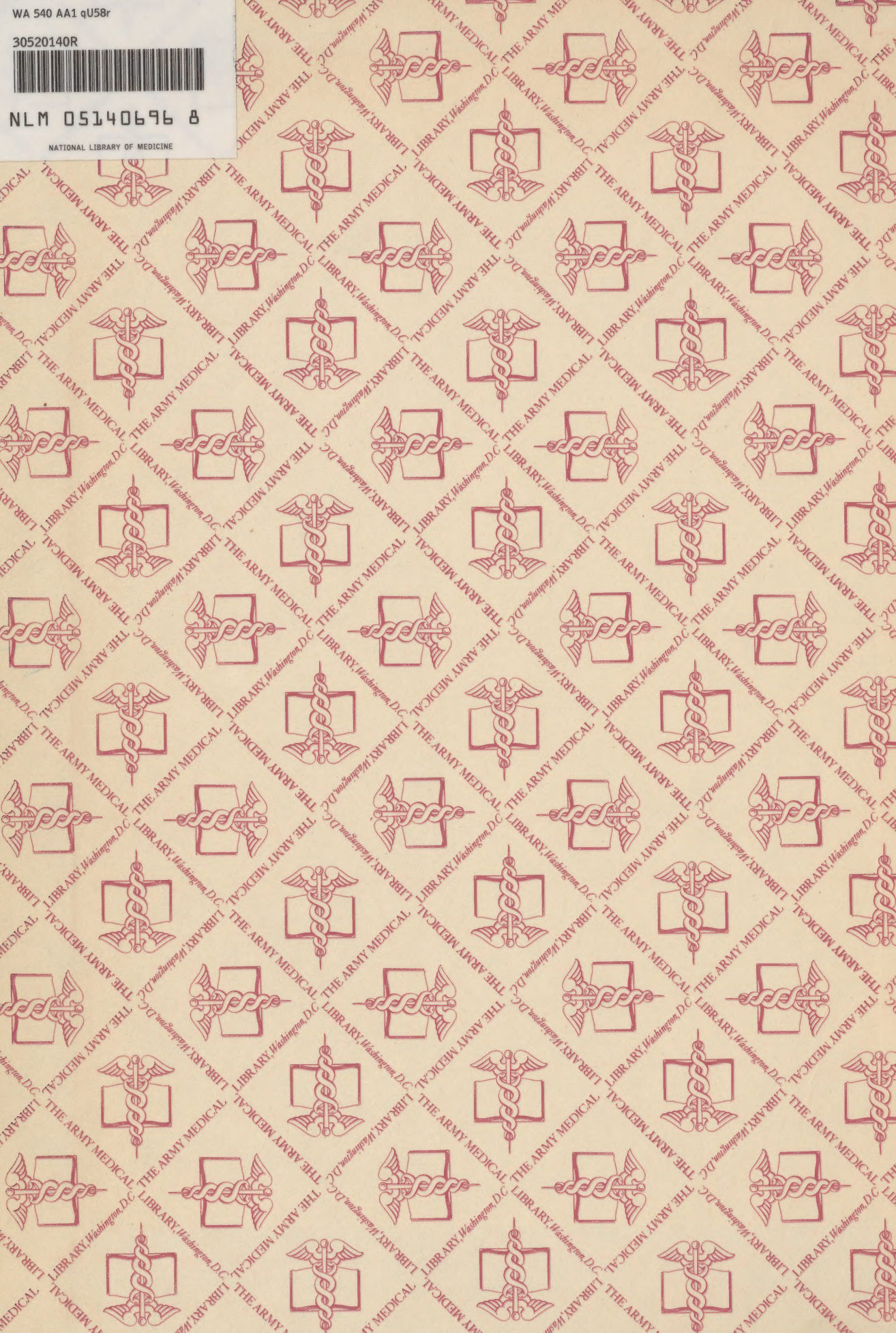
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COMMISSION ON ORGANIZATION OF THE
EXECUTIVE BRANCH OF THE GOVERNMENT.

Committee on Federal Medical Services.

APPENDIX B

FEDERAL HEALTH ACTIVITIES AND PROGRAMS
COMMITTEE ON FEDERAL MEDICAL SERVICES

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Howard M. Kline, Ph.D., Staff

November 1948

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- I. Summary of Health Activities and Programs
- II. Beneficiaries of Medical Care
- III. Summary of Present Health Activities by Agency

I. SUMMARY OF HEALTH ACTIVITIES AND PROGRAMS

Forty-six federal agencies of the United States Government spent almost \$1.25 billion for health and medical services in the fiscal year 1948. This was an increase of \$166 million over fiscal year 1947 and an increase of more than 600 percent over the \$201 million expended during fiscal year 1940.

The principal agencies and their 1948 expenditures are:^{1/}

TOTAL, ALL AGENCIES	<u>\$1,246,315,746</u>
Veterans Administration	759,748,289
Federal Security Agency	184,263,060
Department of Army (including Air Force)	161,409,391
Department of Navy	88,384,982
Atomic Energy Commission	15,119,455
Department of Agriculture	16,528,243
All Others	20,862,326

Obligations for health and medical services have been increasing, both proportionately and absolutely. In 1910 an estimated \$3.5 million, or 0.4 percent of a total budget of \$836 million, and in 1925 an estimated \$50 million, or 1.5 percent, of a federal budget of \$3,267 million, was spent for all health and medical activities. It has now reached 3 $\frac{1}{2}$ percent in a period of huge federal budgets (\$38 billion in 1948).

While a considerable part of the expenditures for medical services affect the general population indirectly, as, for example, grants to states for public health work, the direct beneficiaries have increased from 10 to 24 million, mostly veterans of World War II.

^{1/} Appendix III contains the complete detail of obligations by function and agency for fiscal years 1940, 1947, 1948 and 1949.

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This means that one person in every six in the present population is at least contingently eligible for some medical services at federal expense. Current beneficiaries include an estimated 18.5 million veterans, nearly 1.5 million members of the armed forces and 1.35 million dependents of armed forces personnel, two million civilian employees of the federal government, nearly one-half million Indians, 250 thousand officers and men engaged in maritime employments and public health services, (and the dependents of the latter) and perhaps as many as a half million other persons of miscellaneous groups.

Federal agencies now operate about 200,000 beds in 499 hospitals, dispensaries and domiciliary homes. This represents about 14 percent of the nation's total hospital beds. Although the total number of nonfederal hospital beds has been increasing constantly, at an even faster rate than the general population, the total number and percentage of federal beds has been arising even faster. The federal agencies had a total of 109,000 beds in 1940 (8.9 percent of the total in the country); these increased to 551,000 beds in 1944 (31.8 percent of the total) at the peak load of war casualties. By 1948, however, the military facilities had been reduced and the present 14 percent federal beds is not expected to decline in the near future under existing policies and organization.

The federal agencies now hire nearly 16,000 (full-time or equivalent) physicians, more than 3,000 dentists, nearly 22,000 nurses, and 158,000 other employees to deliver these health and medical services. It is estimated that the total number of physicians in federal employment has risen from 1,750 in 1910 to 4,500 in 1925 to its present 15,594. The federal agencies now employ the equivalent

of 8.2 percent of the nation's estimated total of 189,946 active physicians, 4.3 percent of the 75,645 dentists, and 7.8 percent of the 280,500 nurses. The principal employing agencies, together with estimates of the national totals follow:

FEDERAL AND NATIONAL MEDICAL PERSONNEL
July 1948

Agency	Physicians	Dentists	Nurses
ALL FEDERAL AGENCIES ^{a/}	<u>15,594</u> ^{b/}	<u>3,221</u> ^{b/}	<u>21,822</u>
Army and Air Force	4,350	1,025	4,317
Navy	2,711	956	2,091
Veterans Administration	6,969	1,016	12,397
Public Health Service	1,289	202	1,951
Indian Affairs	95	13	480
Other Agencies ^{c/}	180	9	586
National totals estimated to be in active practice ^{d/}	189,946 ^{e/}	75,645	280,500 ^{f/}

- ^{a/} All salaried personnel are shown, both civilian and military. Salaried part-time personnel are shown in full-time equivalents. Per diem and fee-for-service personnel are not included. Most data are for July 1, 1948 and other data are for the nearest date thereto.
- ^{b/} Residents and interns included.
- ^{c/} Figures for other agencies involve certain estimates and possibly certain duplications, but the error is not great enough to affect the totals significantly.
- ^{d/} Includes those in federal service.
- ^{e/} Estimate of February 15, 1948 by American Medical Association.
- ^{f/} Computation for summer of 1948 by American Nurses Association.

1. The first of the two main parts of the report is a general survey of the situation in the country. It is a very interesting and well-written account of the country and its people. The second part of the report is a detailed account of the work of the committee. It is a very interesting and well-written account of the work of the committee.

THE COMMITTEE ON THE SITUATION IN THE COUNTRY

NAME	AGE	SEX	RELATIONSHIP
Mr. A. B. C.	45	M	Chairman
Mr. D. E. F.	50	M	Member
Mr. G. H. I.	40	M	Member
Mr. J. K. L.	35	M	Member
Mr. M. N. O.	30	M	Member
Mr. P. Q. R.	25	M	Member
Mr. S. T. U.	20	M	Member
Mr. V. W. X.	15	M	Member
Mr. Y. Z. A.	10	M	Member

The committee has been very busy since its formation. It has held many meetings and has done a great deal of work. It has been very successful in its work and has made many important decisions. It has been very helpful to the country and its people. It has been very successful in its work and has made many important decisions. It has been very helpful to the country and its people.

Nearly three-fourths (\$859 million) of the total 1948 expenditures was devoted to hospital care and hospital construction. More than two-thirds of the cost of hospital care and construction was for hospital services in facilities operated by the several agencies. More than three-fourths (83.1 percent) of all those employed in health and medical services were engaged in hospital care and construction, including two-thirds (68.8 percent) of all full-time (or equivalent) physicians and nearly all (98.8 percent) nurses.

All activities in preventive medicine, public health and research accounted for 11.2 percent of the total expenditures and only 3.2 percent of all personnel. Barely four percent of all federal physicians, 2.5 percent of the dentists, and 1.6 percent of the nurses were utilized for preventive measures and research.

The following table shows the total expenditures by all federal agencies by major program category for fiscal year 1948.^{1/}

OBLIGATIONS OF FEDERAL AGENCIES FOR MEDICAL
HOSPITAL AND RELATED SERVICES
IN THE UNITED STATES
FISCAL YEAR 1948

Function	Total Obligations	
	Amount	Percent of Total
TOTAL	\$1,246,315,746	100.0
INPATIENT CARE	859,013,279	68.9
Within Own Facilities	583,127,088	46.8
Outside Own Facilities	46,379,263	3.7
In Federal Hospitals	29,026,780	2.3
In Nonfederal Hospitals	17,352,483	1.4
Construction (Bed and Non-Bed Producing Projects Only)	229,506,928	18.4
OUTPATIENT CARE	172,801,578	13.9
Within Own Facilities	102,383,147	8.2
Outside Own Facilities	70,418,431	5.7
RESEARCH	48,261,049	3.9
ALL OTHER PROJECTS RELATED TO PUBLIC HEALTH	110,759,881	8.9
EDUCATION AND TRAINING	19,148,931	1.5
GENERAL ADMINISTRATION	36,331,028	2.9

^{1/} A complete fiscal breakdown by program and agency appears in Appendix III to this statement.

HEALTH FUNCTIONS OF FEDERAL AGENCIES

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*Including Freedom's Hospital

1. Hospital Care and Construction During the fiscal year 1948, 18 federal agencies spent nearly \$860 million for hospital care and construction, 70 percent of all expenditures for health and medical activities

Nearly three-fourths of the total cost of hospital care and construction were direct charges for inpatient care -- 67.9 percent for care in agency facilities and 5.4 percent for purchase of care in the facilities of other agencies and of nonfederal agencies. The remaining 26.7 percent went for hospital construction, nearly all for Veterans Administration hospitals.

Nearly three-fourths (72 percent) of the total cost of hospital care and construction were Veterans Administration expenditures, followed by Army, including Air Force, 15 percent, Navy, six percent, and the Federal Security Agency six percent as follows:

TOTAL	\$859,013,279	100.0%
Department of Army (including Air Force)	132,552,691	15.4
Atomic Energy Commission	1,887,000	0.2
Federal Security Agency	49,077,793	5.7
Bureau of Employees Compensation	2,784,780	0.3
Freedmen's Hospital	2,296,760	0.3
Office of Vocational Rehabilitation	1,311,226	0.2
Public Health Service	34,658,066	4.0
St. Elizabeths Hospital	8,026,961	0.9
Federal Works Agency	257,041	-
Department of Interior	8,270,781	1.0
Bureau of Mines	511,873	0.1
Fish and Wildlife Service	28,739	-
Bureau of Indian Affairs	7,632,127	0.9
Bureau of Reclamation	98,042	-
Department of Justice	638,672	0.1
Immigration and Naturalization Service	95,325	-
Bureau of Prisons	543,347	0.1
Maritime Commission	109,895	-
Department of Navy	49,668,174	5.8
Tennessee Valley Authority	10,971	-
Veterans Administration	616,540,261	71.8

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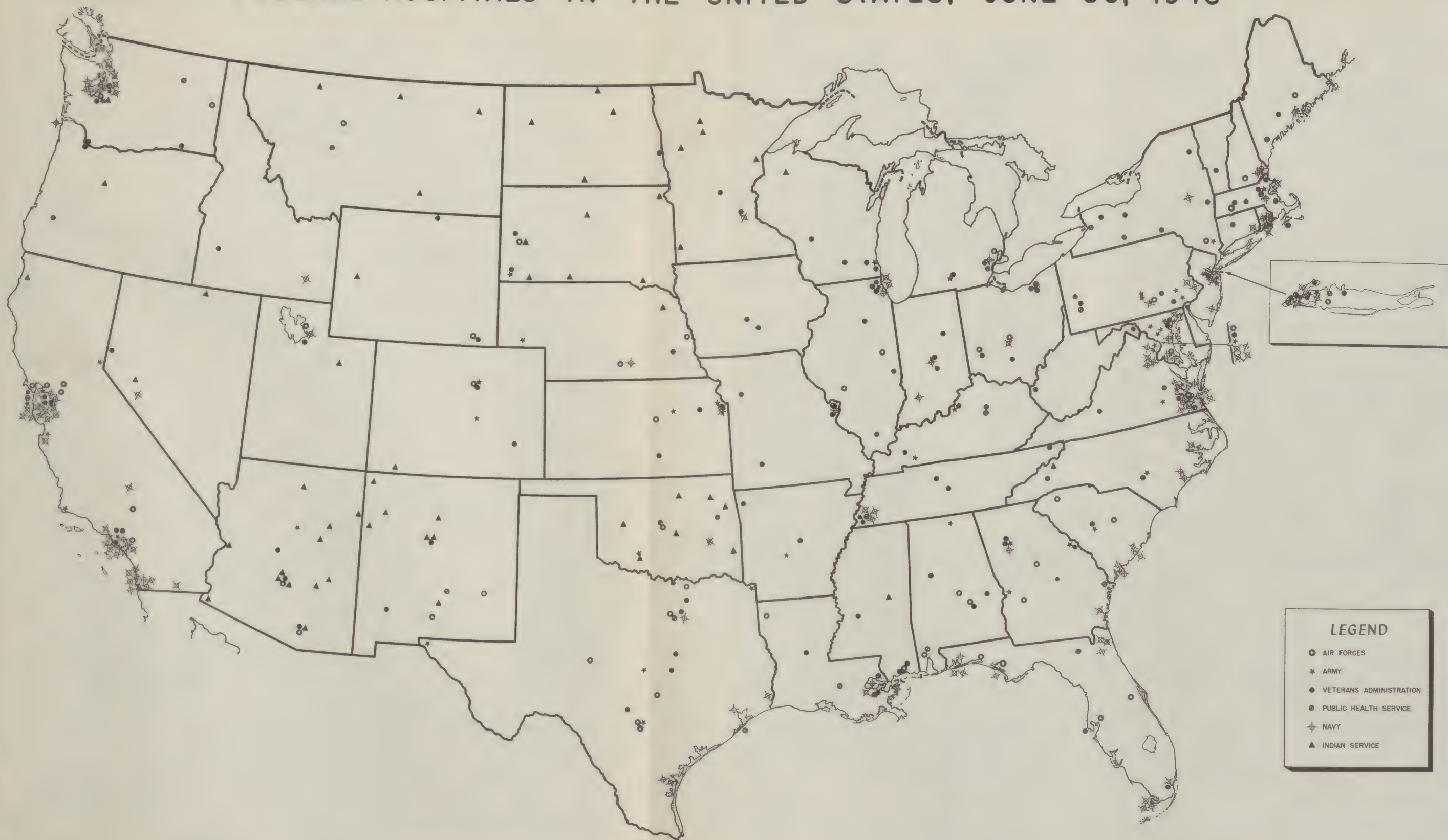
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FEDERAL HOSPITALS IN THE UNITED STATES, JUNE 30, 1948



The federal agencies maintained about 200,000 hospital beds in 499 hospitals and homes in which there were 155,230 patients on June 30, 1948.^{1/} Three of these agencies (Army, Navy, Public Health Service) with a gross total of 68,368 beds and 39,983 patients in continental United States have been engaged in providing medical and hospital care for nearly 150 years, whereas the Veterans Administration which now has the largest gross total of beds and patients, has entered the field only within the last 25 years.

On June 30, 1948 the Veterans Administration had 117,851 patients under care. Of this total 105,565 were in 137 veterans facilities (91,290 in 125 hospitals and 14,275 in 12 domiciliary houses), 7,808 in hospitals of other federal agencies, and 4,478 in nonfederal hospitals. Of this total, 81,377 (69.2 percent) had nonservice-connected disabilities.

The decline in the nation-wide total of federal hospital beds from 551,000 in 1944 to 213,000 in 1947, largely because of the closing of military hospitals, obscures the fact that the total number of beds for veteran patients has actually been increasing. Between 1944 and 1948, there was a net increase of 31 veterans hospitals and 31,621 beds, most of which were acquired from the armed forces.

The total building program of the Veterans Administration, as of July 23, 1948, contemplated 89 new hospitals with 51,261 beds and 11 additions to existing hospitals with 2,749 beds.^{2/} Thus,

^{1/} Appendix I, Table 13 contains list of each federal hospital and pertinent data concerning them.

^{2/} Appendix II has detail on Veterans Administration construction program.

1. The first part of the document is a letter from the President of the United States to the Congress.

2. The second part is a report from the Secretary of the Treasury on the state of the Union.

3. The third part is a report from the Secretary of the Navy on the state of the Navy.

4. The fourth part is a report from the Secretary of the War on the state of the War.

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24. The twenty-fourth part is a report from the Secretary of the Education on the state of the Education.

25. The twenty-fifth part is a report from the Secretary of the Justice on the state of the Justice.

26. The twenty-sixth part is a report from the Secretary of the State on the state of the State.

27. The twenty-seventh part is a report from the Secretary of the War on the state of the War.

54,011 veterans beds are either being planned or under contract at present. Because 20,849 existing veterans beds are located in 28 temporary structures taken over from the military and presumably to be surrendered when permanent construction is available, the net increase in veterans beds, according to present plans, will be approximately 33,000.

Many veterans hospitals are poorly located from the critical point of view of securing adequate numbers of qualified staff for full-time employment and for consultation. Half of the existing Veterans Administration facilities -- including those built for the Veterans Administration after World War I, the inherited military hospitals and the homes and hospitals absorbed from the National Homes -- are located in areas where it has proven difficult to get adequate staff.

Despite this experience with existing hospitals, 42 of the 89 proposed new veterans hospitals will be located in known "staff problem" areas. Twenty hospitals are already under contract (4,621 beds, contract cost of \$126.7 million) and 22 other (9,300 beds, estimated cost of \$220.8 million) are in advanced plan stages and are being rushed to completion for advertisement as promptly as possible. The armed forces are also contemplating a hospital building program principally for the replacement of wartime cantonment-type structures, many of which were originally constructed for five-year use and which have now outrun that period and require heavy repair and maintenance costs. Approximately 85 percent of

the first of these is the fact that the system is not a simple one, but a complex one, in which the various parts are interrelated and interdependent. The second is the fact that the system is not a static one, but a dynamic one, in which the various parts are constantly changing and evolving. The third is the fact that the system is not a closed one, but an open one, in which the various parts are constantly interacting with the environment. The fourth is the fact that the system is not a linear one, but a non-linear one, in which the various parts are constantly interacting with each other in a non-linear fashion. The fifth is the fact that the system is not a deterministic one, but a probabilistic one, in which the various parts are constantly interacting with each other in a probabilistic fashion.

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all hospital beds in the Air Force are located in such temporary structures. The Navy has five and the Army four hospitals in immediate contemplation with a total of 7,100 beds at an anticipated cost of at least \$175 million; other projects for family and nurse quarters and adjunct facilities, as funds become available, are also being planned.

Although the Public Health Service and Bureau of Indian Affairs are also planning alterations and some additions to existing facilities, these are relatively inconsequential in comparison with the Veterans Administration and the armed forces building programs.

Although 18 federal agencies spent in fiscal year 1948 \$859,013,279 for construction and operation of federal hospitals and for the purchase of hospital care, the Veterans Administration is planning to spend \$616 million for construction alone in fiscal year 1949. At the same time that the federal government is building and maintaining this extensive hospital system, it is also spending up to \$75 million per year for building community hospitals in areas which need them. These two building programs are in conflict with each other. The nearly 22 million federal beneficiaries (excluding federal civilian employees) who are eligible for care in federal hospitals are by reason of that fact withdrawn from the population which would normally support community hospitals. Federal hospitals, particularly veterans hospitals, are being located without particular regard to the state-wide hospital plans which have been formulated.

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Moreover, scarce personnel are drained off from community hospitals, because the federal pay scale for nearly all types of medical and ancillary personnel is significantly higher than that in community hospitals.

2. Outpatient Care Although the volume of outpatient service is known to be tremendous, it cannot be expressed quantitatively because the agencies do not collect the same types of information and in cases there is neither standardization of definitions nor effective policing of the reporting systems. For example, only in the Veterans Administration and Public Health Service are medical and dental care separated; in the Army and Air Force reporting is on the basis of "individuals seen and treatments given"; and in the Navy "total visits" are reported only for dependents. Each of these plans has some merit but the variations of what is reported are such that the resultant data do not permit the separation of examinations, vaccinations and inoculations or the separation of individuals from treatments in any manner which would permit an over-all summary.

Roughly, four out of five individuals seen under the Veterans Administration outpatient program are given medical rather than dental examination or treatment. In Army and Air Force outpatient programs, 40 percent of the total treatments are for non-military personnel, whereas 20 percent of the total visits to Navy outpatient facilities are by dependents.

It is estimated by 12 federal agencies that the total outpatient program in fiscal year 1948 cost \$172,801,578, as follows:

TOTAL, ALL AGENCIES	<u>\$172,801,578</u>
Department of Agriculture	417,321
Department of Army (including Air Force)	20,489,900
Civil Service Commission	13,421
Federal Security Agency	
Office of Vocational Rehabilitation	1,299,208
Public Health Service	3,945,412
Federal Works Agency	12,311
Department of Justice	925,995
Immigration and Naturalization Service	16,654
Bureau of Prisons	909,341
Maritime Commission	137,438
Department of Navy	24,249,790
Tennessee Valley Authority	229,233
Department of Treasury: Coast Guard	600,426
Veterans Administration	120,481,123

Seventy percent of this total was expended by the Veterans Administration. No other agency purchased a significant portion of their outpatient services from outside sources, but almost 60 percent (\$68,703,911) of the total expended for veteran outpatient care was for the contract purchase of service. Expressed in terms of the volume of outpatient services, the Veterans Administration purchased 21 percent of its medical examinations and 39 percent of its medical treatments, but 60 percent and 92 percent respectively, of dental examinations and dental treatments.

The Army, including the Air Force, had almost twice as many eligible active duty personnel and eligible dependents as the Navy, yet the Navy expenditures for outpatient service were nearly 20 percent greater than those of the Army.

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3. Research The determination of the actual expenditures for research in the medical and biological sciences is made difficult in the absence of any general agreement on the precise definition of research. Depending upon the specific activities which are included it is possible to obtain varying totals up to \$53 million. The work is described by a multiplicity of equally ambiguous terms such as investigative, developmental, applied, fundamental, laboratory, and other kinds of research. For example, on such inclusion or exclusion hinges substantial expenditures and programs such as those in research in animal and plant diseases in the Department of Agriculture, in human nutrition in several agencies, especially the Quartermaster Corps and the Department of Agriculture, in communicable disease control in the Public Health Service and the Tennessee Valley Authority, in control measures incident to regulatory activities, and statistical surveys and analyses of health problems in a dozen agencies.

Each of the major federal agencies carries on or sponsors some medical research work. In the aggregate approximately equal sums (48.7 percent for each) were obligated during 1948 for self-conducted research and for contractual agreements, and only a small proportion (2.6 percent) of the total funds was devoted to research fellowships. Slightly more than \$8.8 million was expended by the principal research unit of the Public Health Service, The National Institutes of Health.

The first thing I noticed when I stepped out of the car was the cold. It was a sharp, biting cold that seemed to penetrate my coat. I shivered as I walked towards the entrance of the building. The air was thick with a strange, metallic scent that I couldn't quite place. I looked up at the imposing structure before me, its many windows reflecting the pale light of the overcast sky. A small group of people was gathered near the entrance, some looking at their watches, others talking in hushed tones. I felt a sense of unease as I approached them. The building seemed to have a life of its own, a dark, brooding presence that made me feel like an intruder. I took a deep breath, trying to steady my nerves, and then I stepped forward. The door opened with a heavy, creaking sound, and I was greeted by a dimly lit interior. The air here was even colder, and the silence was oppressive. I walked down a long, narrow hallway, the walls covered in dark, polished wood. The floor was made of the same material, and it felt like I was walking on a cold, hard surface. At the end of the hallway, a door stood slightly ajar, and a faint light emanated from within. I hesitated for a moment, then I pushed the door open and stepped inside. The room was large and empty, with high ceilings and a single, large window that looked out onto a dark, rainy street. I stood in the center of the room, feeling a sense of isolation and vulnerability. The rain outside was a constant, rhythmic sound, and it seemed to be calling to me, urging me to go outside. But I knew I couldn't. I had a feeling that if I did, I would never want to come back. I turned around, looking at the door I had just entered. It seemed so small and insignificant now, like a tiny opening in a vast, dark world. I took a step back, then another, until I was standing in the hallway again. I looked back at the door one more time, then I closed it behind me. The door closed with a soft, final click, and I was alone. I stood there for a long time, listening to the rain and the silence. I felt a sense of peace, a sense of being exactly where I needed to be. I didn't know how long I would stay, but I knew I wouldn't leave. I would stay here, in this cold, dark room, until the rain stopped and the sun came out. I would stay here, until I was ready to go home.

OBLIGATIONS OF FEDERAL MEDICAL
AGENCIES FOR RESEARCH 1/

TOTAL	\$52,570,068	100.0%
1. Purpose of Obligation, All Agencies		
Self-Conducted Research	25,585,878	48.7
Contracts	25,622,600	48.7
Fellowships	1,361,590	2.6
2. Obligations, by Agency		
Public Health Service		
Total	24,746,783	47.1
National Institutes of Health	23,865,824	45.4
Other	880,959	1.7
Atomic Energy Commission	12,832,455	24.4
Department of the Navy	5,698,605	10.8
Departments of the Army and Air Force	5,269,183	10.0
Veterans Administration	3,099,567	5.9
Department of Agriculture	923,475	1.8

1/ Obtained from Report of Subcommittee on Medical Research,
Appendix J.

THE HISTORY OF THE CITY OF BOSTON

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Each of the major medical agencies maintains one or more research laboratories or installations, as exemplified by the Naval Medical Research Institute at Bethesda, the Army Medical Research and Graduate School at Walter Reed Hospital in Washington, D.C., and the National Laboratories of the Atomic Energy Commission. In addition to these centers, the federal agencies subsidize rather substantially individual investigators, in nonfederal research centers, principally in the universities and teaching hospitals. During 1948 through grants-in-aid and contracts, the federal agencies distributed a total of nearly \$26 million to these scientists. Many of the problems studied were applied problems of importance to agency operations (principally in the armed forces), whereas many other problems were formulated by the applicant scientists and were supported primarily in the general interest of the scientific knowledge and as encouragement to scientific workers.

In an effort to help to alleviate the nation-wide shortage of scientific investigators, the Public Health Service has inaugurated a fellowship program under which the graduate and postgraduate education of promising research scientists is financed in institutions and fields of their own choice. These fellowships yield only a modest return and fellows are under no obligation to the sponsoring agency upon completion of the training. In fiscal 1948, 303 fellows were supported at an estimated cost of \$884,390. Beginning in fiscal year 1949 the National Research Council will administer a fellowship

program for the Atomic Energy Commission on which an estimated \$1.1 million will be spent annually.

In addition there is an unknown volume of investigation in progress in federal hospitals which has not been formalized as research for budget or personnel purposes but is conducted by staff members in their spare time with small amounts of operating funds and equipment. This was particularly true of veterans hospitals in which research per se was not officially authorized until recently.

In addition to these acknowledged research activities in medicine and biology, further sums were spent in fiscal year 1948 for a wide variety of study, survey, demonstration and test projects and studies which are classified as research by the agencies. For example, each major health agency has a unit engaged in statistical analysis of special morbidity and mortality experience of its principal beneficiaries. The staff of Food and Drug Administration, incident to its routine testing and inspectional work, is constantly seeking improved methods of testing and greater standardization of existing methods. The Public Health Service, and the Tennessee Valley Authority, the Armed Forces and the Department of Agriculture are all engaged in laboratory study and field testing of insecticides, fungicides and rodenticides; and a half dozen agencies are studying various aspects of nutrition. There are many more such instances. The total commitments in personnel and funds are large.

The first part of the paper is devoted to a general discussion of the problem.

It is shown that the problem is equivalent to the following:

Find a function $f(x)$ such that $f(x) = 0$ for $x < 0$ and $f(x) = 1$ for $x > 0$.

The second part of the paper is devoted to a detailed discussion of the problem.

It is shown that the problem is equivalent to the following:

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The third part of the paper is devoted to a detailed discussion of the problem.

It is shown that the problem is equivalent to the following:

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The fourth part of the paper is devoted to a detailed discussion of the problem.

It is shown that the problem is equivalent to the following:

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The fifth part of the paper is devoted to a detailed discussion of the problem.

It is shown that the problem is equivalent to the following:

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The sixth part of the paper is devoted to a detailed discussion of the problem.

It is shown that the problem is equivalent to the following:

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The seventh part of the paper is devoted to a detailed discussion of the problem.

It is shown that the problem is equivalent to the following:

Find a function $f(x)$ such that $f(x) = 0$ for $x < 0$ and $f(x) = 1$ for $x > 0$.

The eighth part of the paper is devoted to a detailed discussion of the problem.

It is shown that the problem is equivalent to the following:

Find a function $f(x)$ such that $f(x) = 0$ for $x < 0$ and $f(x) = 1$ for $x > 0$.

4. Preventive Medicine and Public Health

The preventive medicine and public health activities of the federal agencies are largely of three kinds, either preventive measures for direct beneficiaries, grants-in-aid to state governments, or regulations in aid of general health. These activities cost approximately \$110.8 million^{1/} in fiscal year 1948. This was almost 10 percent of all federal expenditures for health and nearly 13 percent of the cost of hospital care and construction.

The direct beneficiaries of federal preventive health work are primarily the active duty personnel of the armed forces and, incidentally, their dependents and those living near military installations. The preventive program consists largely of sanitary measures in military installations and adjacent areas and of close medical supervision, including examinations, inoculations and vaccinations, of those on active duty. The programs are very intensive and involve close supervision over both active duty personnel and their environment.

The other direct beneficiaries of federal preventive health measures cannot be more clearly defined than the "general population"

^{1/} This total of \$110.8 million is at variance with the \$208,261,000 total for public health activities in "Functions and Activities in Field of Health", as submitted by Brookings Institution, because the latter figures includes medical care and research expenditures by the several agencies and does not include expenditures by the Armed Forces and the Veterans Administration.

because the programs consist largely of grants-in-aid to state governments, regulatory activities in aid of health, and the promotion of the general health.

Grants-in-aid to states for public health work include not only conditional grants of money for general health work and specific ("categorical") health work in such areas as maternal and child health, venereal disease, tuberculosis, mental hygiene, and others, but also the loan of services of technical experts to advise states on program content and method and to conduct pilot or demonstration projects. In fiscal year 1948 financial grants-in-aid total \$81.6 million; the value of technical services loaned is not segregable.

The regulatory activities in aid of general health include programs for the suppression of false and misleading advertisement of and the distribution of unsafe foods, drugs and cosmetics, and the prevention of the importation of narcotics, diseased persons, birds or animals, including the stringent power of quarantine. For these programs nearly \$18 million was spent in fiscal year 1948.

An increased amount of effort in recent years has been given to health promotion and health planning. Programs have included health education, in collaboration with states and with voluntary health agencies, analyses of the health needs of special population groups, such as rural residents, including migratory agricultural workers, the promotion of nutrition consciousness, and concepts of the importance of international health work.

Outside the intensive preventive health measures for Armed Forces personnel and some regulatory activities in the Department of Agriculture, most public health work is carried on by units of the Federal Security Agency, including the Public Health Service, Children's Bureau, Office of Vocational Rehabilitation, and Food and Drug Administration. Perhaps the most significant characteristic of all the health work in the Federal Security Agency is that there are relatively few direct operational activities, except in quarantine work and in demonstrations. Nearly the entire effort has been to stimulate and assist state and local governments and private voluntary health agencies in their work.

The federal agency with the largest health and medical obligations -- whether measured in budgets, patients, personnel or hospitals -- namely, the Veterans Administration, is forbidden by law, as interpreted by the legal staff, to engage in preventive health measures.

The results of preventive health activity on the part of public and private agencies in the last half century are very persuasive. There has been a great reduction in mortality with resultant increase in the length of life and in the number of productive years; there has been a sharp drop in the incidence and prevalence of illness; there have been great strides in the alleviation of pain and suffering. There has been an accompanying expansion in the concept of public health to encompass a wider range of illnesses and diseases and an intensification of health activities; these may be illustrated by the

acceptance of mental hygiene and rehabilitation as public health activities.

The pressure on both public and private agencies to bring the findings of research to bear on a community-wide basis, as distinguished from an individual patient basis, has increased so much that research per se is now recognized as an integral part of public health. These expanding concepts are justified, not only on humanitarian grounds of ameliorating pain and lengthening life, but also on the grounds of national security -- to make the nation strong.

5. Education and Training

During the fiscal year 1948 the four major medical agencies were conducting organized educational training programs on a broad basis. In the agencies (Army, including Air Force, Navy, Veterans Administration, Public Health Service, including Freedmen's Hospital) at least five types of educational programs were in progress, as follows:

1. Training programs for interns and residents in medicine and dentistry;
2. Training programs for other medical and ancillary personnel in civilian schools or in private, municipal or state, or other federal institutions;
3. Training programs (for other than interns and residents) within the agency's installations, utilizing civilian lecturers and consultants;
4. Medical training aids, including medical motion pictures and other audio-visual aids; and
5. On-the-job or in-service training programs for all kinds of medical and ancillary personnel.

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On-the-job training is omitted here because it is not a separable part of employees' normal duties and separate budget or personnel allocations are not made.

Based on the number of men in training and on the commitments made for the fiscal year 1949, the estimated net cost of these educational and training programs will be \$20-odd million and will require the teaching services of an incalculable number of professional and technical staff. The four major medical agencies will train 1,326 interns and 3,906 residents at a gross salary cost of \$25.4 million, will spend an estimated \$2.5 million for lecturers' and consultants' fees, \$1.5 million for medical motion pictures, and \$1.75 million for tuition costs for professional staff of all kinds. This is a total of \$31 million.

There is no general agreement on how to allocate the cost of training interns and residents to training per se and how much to the care of patients. It seems widely assumed that all or nearly all of interns' time is in training. The Bureau of Budget estimates the quantitative value of residents' services as one-half that of a full-time staff physician, and the Veterans Administration counts them as seven-tenths. Adjustment can be made only for those who take internships or residencies in agency hospitals; if the training is taken elsewhere, the full salary cost must be charged to training together with the added costs of engaging consultants to supervise and insure the training program. If a generous allowance is made (charging none of the salaries of interns and 50 percent of the salaries of residents

who train in agency hospitals), the adjusted salary costs still exceed \$14 million. When all other related expenses are added, the adjusted total reaches the magnitude of \$25-30 million for intern and resident and other training expenditures.

The authorized internships and residencies, by agency, together with average annual salaries are:

	Total	Internships		Average	Total	Residencies		Average
	Intern- ships	Agency Hospital	Other Hospital		Resi- dencies	Agency Hosp.	Other Hosp.	
TOTAL	1326	776	550	----	3906	3481	425	----
Army	600	300	300	\$5000	802	502	300	\$6932
Navy	550	300	250	5000	425	300	125	6225
Public Health								
Service	154	154		5000	149	149	---	5476
Freedmen's								
Hospital	20	20	---	1560	30	30		2173
Veterans Ad- ministration	(Authorized to begin in FY 1950)				2500	2500	---	3300

The Civil Service salary scale, as reflected in the allowances for interns and residents at Freedmen's Hospital, stands in sharp contrast to the special pay scale of the Veterans Administration and the pay and allowances of commissioned officers of the other three services. The salaries of interns in the commissioned corps reflect a rank comparable to that of a First Lieutenant in the Army; there is no standardization in residents' salaries. All veteran residents in the Veterans Administration hospitals receive the same salary (\$3300) and at present a very few are non-veterans. The high average salary of other residents reflects the fact that nearly half of all Army

[illegible]

residents are at the rank of Major or above, 40 percent of all Navy residents are at least Lieutenant Commanders, and one-fourth of all Public Health Service residents are at the rank of Surgeon (comparable to Major) or above.

No commitment for further service is required of Army, Navy, and Public Health Service interns who take their training in the agencies' hospitals but those who are assigned to outside institutions are required to serve an equivalent period on active duty. All agencies which have residents, except the Veterans Administration and Freedmen's Hospital, exact a period of obligated service upon the completion of resident training. No future service commitment is required of Army residents who took their training in Army hospitals but they only assign career Army officers (also true of Public Health Service) to such hospitals; for Army residents trained elsewhere, an equivalent period of active duty is required. The Navy has even more exacting requirements. Residents trained in Navy hospitals are obligated to remain in the Navy for a period equivalent to the duration of the residency. Service commitments of three years are required of residents receiving six to twelve months training in affiliated institutions and one additional year of service is required for each consecutive six months of residency training beyond the one year.

There is clearly some disagreement, or confusion, in the philosophy of the obligation which residents owe to federal agencies for their training. The Veterans Administration are training 2500

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country in general and the situation in the city in particular.

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residents on the theory that they will help carry the huge load of veteran patients, particularly in areas like psychiatry, where there is a nation-wide shortage of qualified personnel, and that a number of them will continue to serve either as full-time staff physicians or as part-time consultants. On the contrary, the Armed Forces and Public Health Service seem to have used the opportunity for residency training as a recruitment device to attract young men (and hold them in service obligation) and to send off their career officers in order to improve the quality of care in their own hospitals.

6. Medical Supply At present four major federal medical services are directly involved in the procurement, storage and distribution of medical equipment and supplies. These agencies are the Army, including the Air Force, Navy, Veterans Administration, and Public Health Service. Each supply agency maintains separate procurement, storage and distribution facilities. The Army and Navy have consolidated certain activities, namely, cataloging, specifications, standards, procurement, laboratory testing, equipment development and certain inspection activities; they have not been able to arrange joint warehousing or distribution. Each agency maintains a system of depots throughout the continental United States, and the Armed Forces also have depots overseas. The Public Health Service has only one depot. The Veterans Administration has the largest medical supply activity in volume, with the Army, Navy and the Public Health Service following in that order.

Except for the Veterans Administration, medical supply activities are administratively under the control of the chief medical officer. In the Veterans Administration medical supply is a part of the general supply system and not under medical control.

In addition to the medical supply activities of the four major agencies, the Bureau of Federal Supply of the Department of the Treasury is involved in the procurement of medical equipment and supplies on a small scale. Federal agencies must procure through this agency certain items which lend themselves to open contracts for mass buying. Several smaller federal medical services such as Freedmen's Hospital, the Bureau of Indian Affairs, and the Tennessee Valley Authority purchase some medical equipment and supplies locally and obtain others from other federal medical supply services and the Bureau of Federal Supply.

The medical supply units of the Veterans Administration and the Public Health Service have been adopting in varying degrees the supply system of the Army and the nomenclature and cataloging of the Army-Navy Medical Procurement Office. The standards and specifications developed by the Army-Navy Medical Procurement Office are increasingly utilized by the other agencies.

There are marked variations in the levels of stock held by the four federal medical services. The Army maintains a 90-day stock at depots and a 60-day stock at stations. The Navy maintains a 180 day stock level at depots and, officially, 90 days at stations. The Veterans Administration maintains 180 days at depots and 90 days

at stations. Public Health Service maintains a 120-day level at its one depot and a 90-day level at stations.

The official attitude with reference to local procurement ranges from one of great liberality in the Public Health Service to one of close restriction in the Veterans Administration. All local procurement in the Army and Navy must be within the special money allowances established for stations; in special cases, authority may be obtained from the central office for excess purchases.

The five major agencies employed 2,901 persons (246 military, 2,655 civilian) in the expenditure of \$81 million in central and local procurement of medical supplies and equipment in fiscal year 1948. The gross value of stocks on hand in all agencies totaled \$177 million.^{1/}

^{1/} See Appendix K of Report of Committee on Federal Medical Services.

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II. BENEFICIARIES OF MEDICAL CARE

The United States Government has assumed firm or contingent responsibility for providing some medical or hospital care, or both for an estimated 24 million of its citizens. The 18.5 million veterans, who served their country in its several wars, constitute the largest single group but the two million civilian employees, for whom only partial health services are provided, the 1.5 million members of the armed forces and their 1.35 million dependents also represent sizeable obligations.

Class of Beneficiary	Estimated Number of Eligible Beneficiaries June 30, 1948
TOTAL, ALL BENEFICIARIES	<u>23,978,600</u>
Army and Air Force Personnel Dependents	940,000 914,000
Navy and Marine Corps Personnel Dependents	480,000 432,000
Veterans American Merchant Seamen	18,500,000 178,400
Coast Guard, Coast & Geodetic Survey, and Public Health Service Personnel Dependents and Others	38,100 38,600
Federal Civilian Employees	2,000,000
Indians	400,000
Prisoners	17,500
All Others (Lepers, Narcotic Addicts, Residents of D.C., etc.)	Indeterminate

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Some of the present beneficiaries, such as American merchant seamen, have had a long tradition of entitlement to free medical care, whereas others, such as federal civilian employees, do not yet have a fully organized program because of the newness of the authorizing legislation (Randolph Act of 1947).

In some instances the federal obligation is spelled out quite clearly in legislation, as in the case of Navy dependents (Public Law 51, 78th Congress) whereas in the case of Army dependents the obligation is construed from language in an 1884 appropriations act supported by long continued budgetary acquiescence. Similarly, the full intent of Congress with respect to veterans' care and Indian care is not clearly stated in existing legislation. The eligibility of Indians and their dependents, though virtual wards of the federal government for education, land management, and medical and hospital services, among other things, is entangled in numerous treaties with individual tribes and scores of uncorrelated pieces of supplementary legislation. The eligibility of veterans is confused by distinctions between service-connected and nonservice-connected disabilities, between those veterans who have and who have not had war service, and between those who have disability claims from the Veterans Administration and those who are on retirement pay from the military services.

The public policy reasons for extending medical care to beneficiaries have varied widely. Veterans and military personnel were made eligible for care because of their military service. Medical

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1. The purpose of this report is to provide a summary of the results of the study conducted by the research team.

1. 1990年12月25日，在俄罗斯莫斯科市克里姆林宫，俄罗斯总统叶利钦在克里姆林宫正式签署《俄罗斯联邦宪法》，宣布俄罗斯联邦为总统制国家。

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姓名： 性别： 年龄： 籍贯： 民族： 职业： 文化程度： 婚姻状况： 健康状况： 宗教信仰： 政治面貌： 工作单位： 联系电话： 电子邮箱： 联系地址： 邮编： 身份证号： 银行卡号： 支付宝账号： 微信账号： 其他联系方式：

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1. The first group of people who are interested in the study of the history of the United States are the people who are interested in the history of the United States.

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

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1. The first group of people who are interested in the study of the history of the United States are the people who are interested in the history of the United States.

1. *Phragmites australis* (Cav.) Trin. ex Steud.

care for those injuries and illnesses directly attributable to military service was provided in order to restore veterans to their pre-service condition of health insofar as possible and to recognize their patriotic services in the nation's defense. Medical care for those injuries and illnesses not directly related and quite unrelated to military service are on much less clear public policy grounds. Their nominal limitation to those instances in which beds are available and in which the veteran cannot afford to pay, are not important limitations when, in response to other considerations, the ability to pay clause is not enforced and three times the number of beds necessary to accommodate service-connected disabilities are maintained and thousands more being built.

Active duty military personnel have always been provided with complete medical care incident to other necessities of life. Dependents of military personnel were included in an earlier day because of the remote location of many military installations both in continental United States and abroad; more recently, medical and hospital care has come to be regarded as a perquisite in lieu of adequate pay. Medical care is extended to immigrant aliens and federal prisoners including narcotic addicts, prisoners of war, and internees, because of the necessity of insuring their retention under law, to Indian members of recognized tribes and their dependents because of existing treaty obligations, and to federal civilian employees because of the desire of the government to be a model employer and because of the established savings of industrial hygiene-type services. Medical

care was originally extended to merchant seamen because of the protest from and inadequacy of local charities in maritime communities to provide for diseased and injured seamen, who were left in port by foreign flag and privately owned vessels. Special categories of insane patients were admitted to the one federal mental institution because the individuals were otherwise federal responsibilities and there was no other institution for their care. A miscellany of other beneficiaries, including such groups as accredited foreign military and diplomatic personnel and their dependents, visiting dignitaries, Congressmen and other high government officials, Pacific Island natives, American Red Cross and other welfare workers while on duty at military installations, special study patients, and emergency cases, are provided with medical care for humanitarian, diplomatic and other reasons.

Throughout the history of the extension of medical and hospital care with the exception of a short uncertain interval over 40 years ago in connection with merchant seamen, the trend has been wholly in the direction of increasing not only the categories of beneficiaries but also the roster of specific services for which the several groups are eligible. Only in relatively recent years, particularly since the high standards achieved in the armed forces in World War II, has substantial attention been given to the quality of service which beneficiaries receive.

Free hospital care is provided only to primary beneficiaries -- and not to all of them. Army enlisted personnel, for example, receive free care not only in Army hospitals but also in any other

federal hospital (or nonfederal hospital in event of an emergency). Army officers and both Army and Navy dependents must pay a token rate, called the subsistence rate, of \$1.35 per diem (at present). This rate is adjustable from time to time and is supposed to be equivalent to the average cost of the raw rations consumed by a patient in a single day, plus an allowance for overhead. The Navy rate, called a ration rate, which must be paid by all Navy dependents is now \$1.75 per diem. No charges are made for outpatient care for dependents, and no charges are made to Navy officers for either inpatient or outpatient care.

All services rendered by one agency to the direct beneficiaries of another agency are billed at a standard rate fixed by the Bureau of the Budget of \$9.75 per diem (fiscal year 1949) for inpatient care and \$1.75 for outpatient care. Thus, for identical services in the same hospital, a federal agency will charge nothing for its own personnel, either \$1.35 (Army) or \$1.75 (Navy) for dependents of its own personnel, or \$9.75 for either personnel or dependents of another agency.

The system of charges merely reflects the prevailing attitude that each agency has a separate set of beneficiaries for whose care an independent system of hospitals and dispensaries has been created. All are in fact beneficiaries, not of any agency but of the federal government, and all agencies seek both authority and funds for the management of such facilities from the same source.

All federal beneficiaries may be grouped for convenience into five classes; namely, veterans, federal civilian employees and military personnel, dependents, merchant seamen, special wards and miscellaneous others.^{1/}

A. Veterans Historically, no provisions were made for medical care for veterans until 1811 when the United States Naval Home was established in Philadelphia. A Soldiers' Home was authorized in Washington, D.C. in 1851. An institution, now St. Elizabeths Hospital, for the care of the insane of the Army and Navy and residents of the District of Columbia was authorized in 1855, and in 1865 Congress enacted legislation creating the National Homes for Disabled Volunteer Soldiers. These were domiciliary homes with some hospital facilities.

Shortly after the entrance of the United States into World War I (in October, 1917) Congress provided that men with service-connected disabilities (including those who served during peace as well as those who served during period of war) could be furnished with reasonable medical, dental, and hospital care in addition to compensation benefits. When in 1921 the newly established Veterans Bureau superceded the Public Health Service in the control of all hospitals furnishing care to veterans, the medical treatment of veterans was disassociated from medical treatment of other eligible groups and associated with other benefits extended specially to veterans.

^{1/} Tables 5-11 in Appendix II show beneficiary status of patients in federal hospitals on June 30, 1948.

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It is a well-known fact that the *unfalsifiable* hypothesis is not a hypothesis at all, but a statement of faith. It is a statement of faith that the hypothesis is true, and that it is not possible to falsify it.

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The really great liberalization of veterans' medical benefits came in the World War Veterans Act of 1924 (Public Law 242, 68th Congress) with the extension of hospital privileges to all veterans of any war, military occupation or military expedition since 1897 to the extent of existing facilities. The need for economy in 1933 (Public Law 2, 73rd Congress) brought about the repeal of the Act of 1924 but by March 1934, the conflict between economy and veterans' needs was resolved by a compromise which provided (Public Law 141, 73rd Congress) for the reinstatement of medical and hospital care to the extent of available facilities if applicants were unable to defray the expenses thereof. The final landmark came in 1943 (Public Law 10, 78th Congress) when veterans of World War II were put on a full parity with the veterans of World War I. An additional extension is clearly in sight at this time involving those now being inducted by Selective Service who are presently entitled only to the benefits of ex-members of the Regular Establishment (veterans of peacetime military service).

This rapid extension of medical and hospital benefits coincides closely with the creation of a special clientele agency for veterans, beginning with the Veterans Bureau in 1921, and with the emergence of veterans organization, as an identifiable political force in the population.

According to present law and regulations, veterans who are eligible for medical benefits are divided into those who have had war service and those who have not had war service. The eligibility

of those who have not had war service depends upon whether the veteran was an officer or an enlisted man. An enlisted man who did not serve during a period of war is not eligible for medical care unless he either has been discharged from the military service as the result of a disability incurred or aggravated in line of duty or is receiving compensation for a service-connected disability.

If a veteran was a regular Army (U.S.A.) officer now retired and receiving disability retirement pay from the Army, he is not entitled to medical care unless he elects to claim compensation for his service-connected disability from the Veterans Administration and surrenders a corresponding part of his retirement pay. If the veteran was a reserve Army (A.U.S.) officer now retired, he is eligible for medical benefits only if he has been certified to the Veterans Administration for disability retirement pay in which event he would receive disability retirement pay from the Veterans Administration rather than from the Army. This does not apply to Navy officers, for whom medical care and disability compensation are provided by the Navy Department directly.

The eligibility of all veterans who have had war service is identical. Priority in entitlement to medical and hospital care gives the highest priority to the veteran seeking care for a service-connected disability, the next for a veteran who has a service-connected disability but who is seeking care for a nonservice-connected disability, and the lowest to the veteran who has no service-connected disability and who is seeking care for a nonservice-connected disability. A veteran who is under treatment for a nonservice-connected

disability and who also has a service-connected disability, is considered and treated as a veteran with a nonservice-connected disability. A veteran with a disability rating for a specific condition is not by that fact eligible for care for conditions arising wholly since service. There is no known population of veterans who may be classed as service-connected. There is only a group who have been legally decided to have service-connected conditions. This decision is a function of the Claim Service of the Veterans Administration and not of the Department of Medicine and Surgery.

In summary, all veterans of any war, military occupation or military expedition are entitled now to complete inpatient and outpatient medical, dental and hospital care for any service-connected disability, and all veterans of like experience are entitled to inpatient care (including domiciliary home care) for any nonservice-connected disability if beds are available and if they are unable to pay for the care needed. An exception to the prohibition against outpatient care for nonservice-connected disabilities is made for any physical examination to determine medical condition for reinstatement of life insurance, or for a disability claim, need for hospitalization or domiciliary care, or for any examination and treatment of a veteran who is receiving a vocational rehabilitation support when the ailment is likely to interfere with the continuation of his training. Members of the Regular Establishment who did not serve during a time of war are eligible for hospitalization for disabilities incurred in service, and those with service-connected disabilities

The following is a list of the names of the persons who have been
admitted to the office of the Secretary of the Board of Education
since the last meeting of the Board. The names are given in the
order in which they were admitted. The names of the persons who
have been admitted to the office of the Secretary of the Board of
Education since the last meeting of the Board are as follows:

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are also eligible for inpatient care for disabilities which may be nonservice-connected.

On June 30, 1948, 103,263 veterans were hospitalized in either Veterans Administration facilities or under contract in other federal and nonfederal hospitals and 14,275 veterans were in Veterans Administration domiciles, as follows:

Hospital	Veteran Patients June 30, 1948
TOTAL VETERAN PATIENTS	<u>117,538</u>
In Hospitals	<u>103,263</u>
Civilian Voluntary	2,574
State and Municipal	1,899
Army	2,675
Navy	3,568
Marine	1,347
St. Elizabeths	212
Veterans Administration	90,983
Canal Zone	5
In Veterans Administration Domiciles	<u>14,275</u>

Two-thirds (68,391) of the patients in hospitals had nonservice-connected disabilities and 66 percent (25,663,461) of the 38,752,839 patient days of care furnished to veterans during fiscal year 1948 was for men hospitalized for treatment of nonservice-connected disabilities. Nine-tenths of the veterans in the Veterans Administration domiciles and 92 percent of the 5,265,541 patient days were provided to veterans with nonservice-connected disabilities. As might be expected from the fact that it has been a relatively short time since

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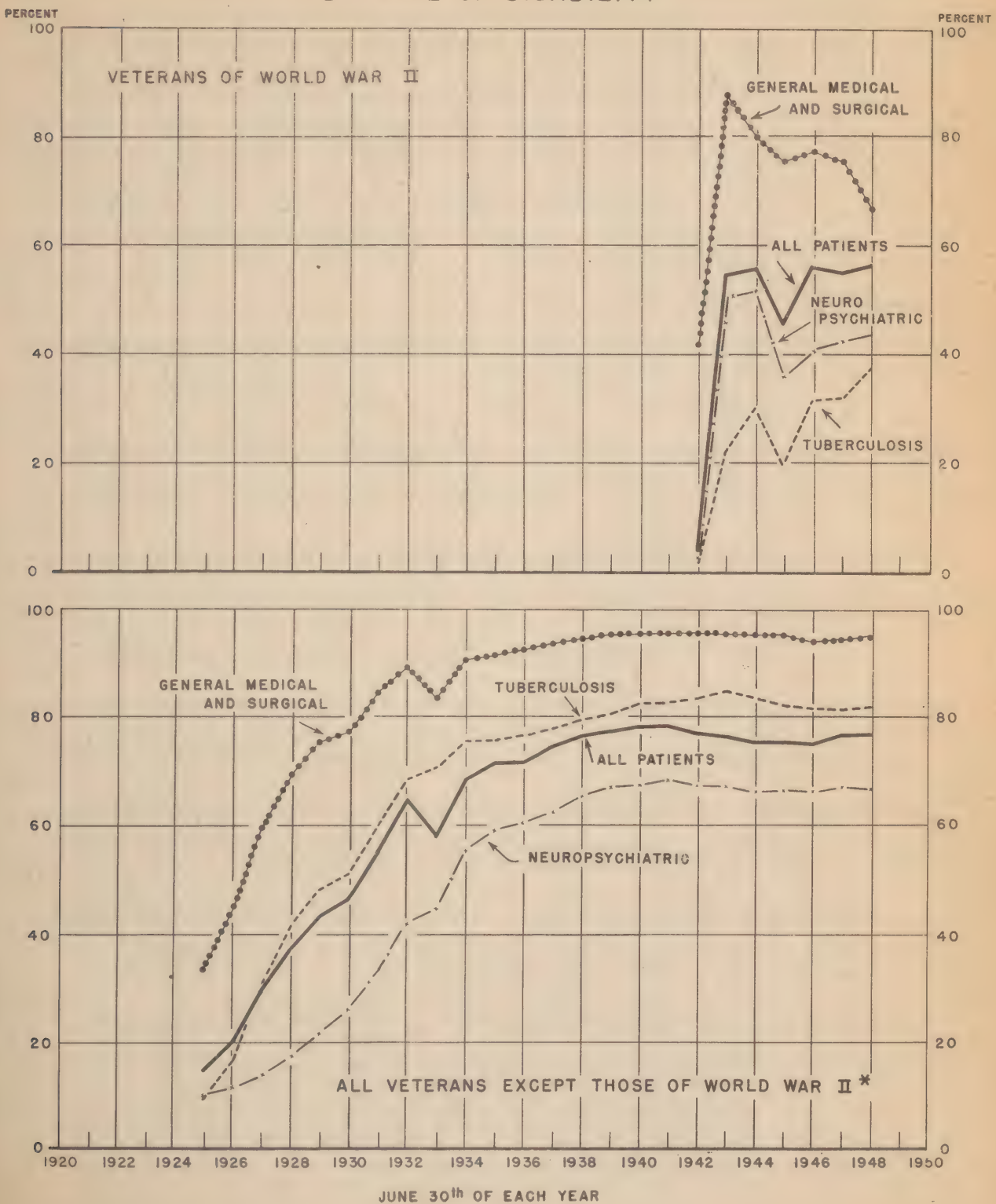
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they were discharged from service, the percentage of hospitalized World War II veterans being treated for nonservice-connected disabilities (56 percent) was much lower than the percentage of World War I veterans (78 percent) or of Spanish American War veterans (97 percent). If current policies and recent experience continue, the relative proportion of World War II veterans who are receiving care for nonservice-connected disabilities will progressively increase.

The total number of living veterans of World War II is now approximately three and one-half times the number of living veterans of all previous wars. Most of the projections of future patient loads are based on the assumption that the 14 million veterans of World War II will have approximately the same illness experience as other veterans. The hospitalization experience of all veterans except those of World War II is that there has been a progressively increasing proportion of all veteran patients with nonservice-connected disabilities, rising from 14.4 percent in 1925 to 76.8 percent in 1948. Moreover, the increase in those needing general medical and surgical care -- the most expensive type in terms of personnel and costs -- rose from 33.1 percent to 95 percent between 1925 and 1948. It has remained at approximately 95 percent for nearly ten years, whereas the percentages for tuberculosis and neuropsychiatric cases have remained fairly stable at 81 and at 67, respectively, for the same period, as shown in the following chart.

PERCENT OF VETERANS REMAINING UNDER HOSPITAL TREATMENT WHOSE DISABILITIES WERE NONSERVICE CONNECTED

BY TYPE OF DISABILITY



* VETERANS OF WORLD WAR I, PRIOR WARS, AND PEACETIME ARMY AND NAVY

B. Federal Civilian Employees
and Military Personnel

The federal government undertakes
to provide some kind of medical

services to its nearly 3.5 million employees. For convenience and because of the character and limitation on the services for which employees are eligible, they are divided into military personnel, quasi-military employees and civilian employees.

1. Military Personnel

Both retired and active duty personnel of the armed forces have

traditionally been provided with complete medical, dental and hospital care. Medical services are included with other needs, such as food, clothing, and housing, which the armed forces provide for their personnel. Approximately 1,420,000 were on active duty with the armed forces on June 30, 1948, and it is anticipated that the total will reach nearly 1,950,000 by July 1, 1949. It is likely that it will become even larger in the following year.

Under existing policies all enlisted men in the Army receive medical care free, but officers, while receiving outpatient care without charge, pay a nominal daily subsistence rate while hospitalized, as do retired enlisted men. This rate, based on the official Quartermaster ration rate (cost of raw rations) plus 25 percent, averaged \$1.35 per diem during fiscal year 1948. Under existing Navy regulations both officers and enlisted men receive all care free. The Navy also has a ration rate, averaging \$1.05 in fiscal year 1948, but only retired officers, enlisted men not on active duty, and Waves and nurses discharged for pregnancy are required to pay it.

The following information was obtained from the records of the Department of the Interior, Bureau of Land Management, Washington, D. C.

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11. The following information was obtained from the records of the Department of the Interior, Bureau of Land Management, Washington, D. C.

On June 30, 1948 nearly 1.5 million members of the armed forces on active duty were eligible for medical care. On June 30, 1948, 29,855 (19,976 Army and Air Force and 9,879 Navy and Marine Corps personnel) were under care, 21,875 in continental United States. During the fiscal year a total of 3,893,996 (2,197,422 in the United States) visits to outpatient facilities were made by Army and Air Force personnel and they were given 6,475,915 (3,529,376 in the United States) outpatient treatments. Nearly 5,000,000 visits were made by Navy and Marine Corps personnel to Navy outpatient facilities. The active duty military personnel in hospitals on June 30, 1948 is summarized in the following table.

HOSPITALIZATION OF PERSONNEL IN MILITARY HOSPITALS
June 30, 1948

	Total	Active Duty	Supernumeraries
<u>TOTAL ARMY AND NAVY</u>	<u>42,864</u>	<u>29,855</u>	<u>13,009</u>
<u>ARMY AND AIR FORCE</u>			
Total	<u>27,178</u>	<u>19,976</u>	<u>7,202</u>
United States			
Total	<u>18,725</u>	<u>13,243^{a/}</u>	<u>5,482</u>
General Hospitals	12,542	8,521	4,021
Station Hospitals			
Total	<u>6,183</u>	<u>4,722</u>	<u>1,461</u>
Army	3,600	2,725	875
Air Force	2,583	1,997	586
Overseas	8,453	6,733	1,720
<u>NAVY AND MARINE CORPS</u>			
Total	<u>15,686</u>	<u>9,879</u>	<u>5,807</u>
United States			
Total	<u>13,958</u>	<u>8,632^{b/}</u>	<u>5,326</u>
Hospitals	12,800	7,587	5,213
Dispensaries	1,158	1,045	113
Overseas			
Total	<u>1,728</u>	<u>1,247^{b/}</u>	<u>481</u>
Hospitals	858	626	232
Hospital Ships	341	341	---
Dispensaries	529	280	249

^{a/} Excludes 2158 patients on convalescent furlough from hospitals in the United States, (1,861 from general hospitals, 202 from Army station hospitals and 95 from Air Force station hospitals).

^{b/} Includes 179 active-duty patients on convalescent furlough (two from overseas hospitals).

2. Quasi-military Employees

The officers of the commissioned corps of the Public Health Service, the officers and enlisted men of the Coast Guard, and the commissioned officers, ships officers and crew members of the Coast and Geodetic Survey, all of whom are normally peacetime civilian employees but who may be absorbed into the armed forces in time of war, are also eligible for medical and hospital care. Also included are civilian employees and noncommissioned officers of the Public Health Service at field stations. This care is furnished primarily in hospitals and outpatient clinics of the Public Health Service but may also be provided at other federal or nonfederal facilities on a contract basis. Retired officers of all three services are eligible for complete care but it must be taken at Public Health Service Hospitals.

During fiscal year 1948, 38,136 officers and men from these services were eligible for medical care. Numerically this is a fairly static group and, although the total has increased perceptibly over a period of years, it is still small and relatively stable by contrast with military personnel.

On June 30, 1948, 400 were receiving hospital care in Public Health Service hospitals and more than 60,000 outpatients received over 204,000 treatments and 14,100 physical examinations during the year. These constituted nearly 15 percent of both the total number of outpatients treated and the number of outpatient treatments given by the Public Health Service.

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1. Mathematics (40%)

3. Civilian Employees

Medical services for the approximately two million federal civilian employees include compensation and treatment for injuries sustained in the performance of duty and the more conventional industrial-hygiene type of dispensary care.

The liability of the federal government for all services, appliances and supplies prescribed by a qualified physician which are likely to cure, give relief or reduce the degree or period of disability of any employee injured in the performance of duty comes from the Federal Employees' Compensation Act of 1916 (Public Law 267, 64th Congress). Dependents are not included. Injured employees are taken or referred to the hospitals or dispensaries of the Public Health Service, if any are conveniently accessible, or to any other federal hospital or dispensary. If no federal facilities are available, any one of 4,000 designated private physicians will furnish or arrange for the necessary services.

The hospital and dispensary care of federal employees is a nonreimbursable obligation of the Public Health Service. Other agencies which usually handle only emergencies and their own employees, are reimbursed by the Bureau of Employees' Compensation at the reciprocal rate fixed by the Bureau of the Budget. Nonfederal hospitals and designated physicians are paid on the basis of a local fee schedule, approximating workmen's compensation rates.

There were 80,000 injuries (1,018 fatal) of federal employees during fiscal year 1948. The Public Health Service, which gives most of the medical care required by BEC patients, provided 145,468 days of

hospitalization during fiscal year 1948 and gave 186,000 treatments to 37,100 outpatients and in addition made 20,200 physical examinations. These services represented slightly more than eight percent of the number of outpatients treated and about 13 percent of the outpatient treatments given by the Public Health Service. The Bureau obligated nearly three million dollars (\$2,892,287) in 1948; nearly one million (\$957,962) was in reimbursements to other federal agencies (except Public Health Service) and the remaining nearly two million dollars was paid to private physicians and hospitals. Although such services are still not uniformly available to all federal employees, particularly field employees, the Bureau of the Budget estimated that expenditures for existing services in fiscal year 1948 totaled \$7,318,913, of which over six million dollars represented programs in the Departments of the Army and Navy, Veterans Administration, and Federal Security Agency.

Certain federal civilian employees are provided complete medical and hospital care because of the remoteness of their official stations. Although these include primarily 45,000 (citizens only) in overseas theatres who are cared for by the Army, other workers at isolated military installations and employees of contractors at such installations, employees of the Fish and Wildlife Service in the Pribilof Islands, and low-paid employees of the Indian Service, are also eligible. Red Cross personnel and other welfare workers on duty at military installations receive hospital care at the ration rate and outpatient care without charge.

C. Dependents Dependents of personnel of the Armed Forces have traditionally been provided complete medical and hospital care for acute illnesses without charge or at a strictly nominal fee. These dependents numbered an estimated 1,278,000 on June 30, 1948.

1. Dependents of Army The Army has furnished both inpatient
and Air Force and outpatient care to dependents since the days when Army posts were located on the frontier and at other isolated spots. The nearest thing to a statutory authorization for such care is the language of an 1884 appropriation act which provided that "the medical officers of the Army and contract surgeons shall whenever practicable attend the families of the officers and soldiers free of charge". Such language has not been contained in more recent appropriations but Army budget estimates have regularly made provision for the care of dependents. The approval of such budgets by the Bureau of the Budget and by Congress has impliedly sanctioned care for all dependents. Present Army regulations (AR 40-590, para. 62) provide that sick and injured wives or dependent husbands, and dependent children, may be admitted to Army hospitals when suitable facilities are available. No charge is made for outpatient examination or treatment of dependents and only a nominal subsistence charge is made for inpatient hospital care. The subsistence charge for each day of hospitalization is based on the Quartermaster's official raw ration rate, computed periodically within each Army area, plus 25 percent. At present, this rate varies

between \$1.30 and \$1.50 per day and averaged \$1.35 per diem during fiscal year 1948.

At the close of fiscal year 1948 the world-wide strength of the Army and Air Force was 940,000, of which 557,000 was in continental United States. On the basis of a five percent sample of Army and Air Force personnel which showed that dependents approximate 90 percent of total strength, slightly more than 750,000 dependents in the United States were eligible for medical care. The hospitalization rate for dependents in continental United States has recently varied between 3.5 and 4.3 beds per 1,000 and, when allowance is made for the standard Army 20 percent dispersion factor, the number of beds required approaches five beds per 1,000 dependents. Thus, for 750,000 dependents, an estimated 3,750 hospital beds were necessary in fiscal year 1948.

The Army and Air Force hospitalization records do not show dependents as a specific group, but merely include them as an overall category of "civilians excluding veterans". Approximately one-sixth of all patients in Army and Air Force hospitals in the United States on June 30, 1948 were in this category. Most of these were actually dependents. About 45 percent of all outpatients seen and nearly the same percent of all outpatient treatments given during fiscal year 1948 were for nonmilitary patients. The Army has estimated that the full time of approximately 350 physicians went for dependent care.

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1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

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1. The first of these is the "provisional" or "interim" period, which is the period of time during which the Government is in the process of establishing a new government. This period is usually of a short duration, and is characterized by a high degree of uncertainty and instability. During this period, the Government is often faced with a variety of challenges, including the need to establish a new legal system, to create a new administrative structure, and to deal with the remnants of the old regime. The provisional period is usually followed by a period of consolidation, during which the Government seeks to establish a more permanent and stable government.

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2. Dependents of Navy and Marine Corps

Medical and hospital care for dependents of Navy and Marine Corps

personnel was given official sanction by a special act of Congress (Public Law 51, 78th Congress) which also authorized an additional appropriation (\$2,000,000) never appropriated for the expansion of facilities for the hospitalization of dependents. A dependent was defined by the act as including "a lawful wife, unmarried dependent child (or children) under 21 years of age, and the mother or father of a member of the Navy or Marine Corps if in fact such mother or father is dependent on such member". Widows of deceased personnel, not including their dependent children, are also entitled to hospital care. Hospitalization is limited to acute medical and surgical conditions, exclusive of nervous, mental or contagious diseases or those requiring domiciliary care. There is no charge for outpatient care or treatment and the hospitalization per diem remains at \$1.75 as fixed by the President in 1943 (Executive Order 9411). This figure was a compromise between the cost of service, excluding the pay of professional personnel, and what the Navy thought men in the lower grades could afford to pay.

On June 30, 1948 the world-wide active duty strength of the Navy and Marine Corps was 502,771. On the basis of recent experience which indicates that dependents approximate 90 percent of troop strength, the total number of eligible dependents was 452,994. In addition to these dependents of active duty personnel, Navy hospitals and dispensaries were providing care to at least 175,000 other

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eligibles, including 50,041 Fleet Reserve and retired personnel, 55,244 Navy civilian employees and contractors overseas, 36,262 dependents of Navy civilian employees and of Navy contractors, an estimated 35,000 widows of Navy and Marine Corps personnel, 4,339 dependents of Army and Air Force active duty personnel, and members and dependents of United States embassy personnel at overseas missions.

It is estimated that nearly 485,000 of these dependents were in continental United States on June 30, 1948. These dependents numbered 989 or eight percent of the 12,800 patients in Navy hospitals and an estimated average daily census of 100 (or nine percent) of the 1,158 patients in dispensaries in the United States. More than 20 percent of the estimated 6.2 million outpatient visits in calendar year 1947 were dependents and 46 percent of these visits were for obstetrical, gynecological and pediatric care. The Navy estimates that 251 physicians in hospitals and dispensaries were assigned to dependent care.

In addition to these dependents of active duty personnel, an additional 46,000 Fleet Reserve and retired personnel and their dependents are also eligible for medical care.

3. Dependents of Public
Health Service and
Others

The recodified Public Health
Service Act provides that the

dependent members of families of Coast Guard, Coast and Geodetic Survey and commissioned officers of the Public Health Service, both active and retired, are entitled to hospitalization at whatever rate the President fixes for the Navy. A dependent is defined in the same

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way as in the Navy Act, except that widows are not included. Dependents of other groups of Public Health Service beneficiaries, (e.g. merchant seamen) are not entitled to either inpatient or outpatient care except in emergencies.

From a total of 38,600 eligible dependents, almost 2500 were hospitalized by the Public Health Service during fiscal year 1948, and the daily average inpatient load approximated 80. Nearly 19,000 dependents were treated as outpatients and received 77,000 treatments; these approximated four percent of the total outpatients and about 5.5 percent of the treatments in Public Health Service facilities.

4. Dependents of Indians Existing statutes do not clearly define the meaning of "Indian Affairs shall provide medical and hospital benefits." The regulations provide that all persons of Indian descent who are members of any recognized tribe under federal jurisdiction, all descendants of such members who reside on a reservation and all others of one-half or more Indian blood, are entitled to medical services at fees based on the cost of the services. Preference in admission to hospital is given to those of a higher percentage of Indian blood. The white wife of an eligible Indian is entitled but the Indian dependents of a white man are eligible only if they maintain a permanent home on the reservation and participate in tribal affairs. All Indian beneficiaries, including dependents, who can afford it are expected to pay fees based on the cost of services rendered, but because almost all of them are either wards of the government or medically indigent, few collections are made.

D. Merchant Seamen

Medical and hospital care of merchant

seamen began with the passage in 1798 of an act levying \$.20 per month on seamen's wages for the establishment and maintenance of a marine hospital, "for the relief of sick and disabled seamen". In 1870 the monthly deduction was raised to \$.40, in 1884 the levy on wages was replaced with a tonnage tax on ships, and in 1905 the tonnage tax was repealed. Since then direct Congressional appropriations to the Public Health Service have been the sole support of the marine hospitals.

A merchant seaman is eligible for complete medical, dental, and surgical treatment and hospitalization without charges at any marine hospital of the Public Health Service. A merchant seaman, whether or not a United States citizen, is eligible for care for sickness or injury while actually employed in the maritime service on a United States' flag vessel or within 90 days after any such employment of at least 60 days duration. If it is not practicable to receive or to move a seaman to a marine hospital, he may be attended by a designated private physician or receive care in a private or other federal hospital. His expenses are paid by the Public Health Service on a fee schedule or contract basis.

The total number of seamen eligible for this care goes beyond the 150,000 seamen employed on vessels documented under federal laws, the 23,750 seamen employed on federal vessels over five tons (Army Transportation Corps and Army Engineer Corps), and the 4,672 enrollees of the Maritime Commission on active duty. Other eligibles include

1. The first part of the report is devoted to a general survey of the situation in the country.

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8. The eighth part is devoted to a detailed analysis of the legal situation.

9. The ninth part is devoted to a detailed analysis of the administrative situation.

10. The tenth part is devoted to a detailed analysis of the judicial situation.

11. The eleventh part is devoted to a detailed analysis of the educational situation.

12. The twelfth part is devoted to a detailed analysis of the health situation.

13. The thirteenth part is devoted to a detailed analysis of the housing situation.

14. The fourteenth part is devoted to a detailed analysis of the transportation situation.

15. The fifteenth part is devoted to a detailed analysis of the communication situation.

16. The sixteenth part is devoted to a detailed analysis of the energy situation.

17. The seventeenth part is devoted to a detailed analysis of the environment situation.

18. The eighteenth part is devoted to a detailed analysis of the tourism situation.

19. The nineteenth part is devoted to a detailed analysis of the sports situation.

20. The twentieth part is devoted to a detailed analysis of the entertainment situation.

21. The twenty-first part is devoted to a detailed analysis of the media situation.

22. The twenty-second part is devoted to a detailed analysis of the information situation.

23. The twenty-third part is devoted to a detailed analysis of the science situation.

24. The twenty-fourth part is devoted to a detailed analysis of the technology situation.

25. The twenty-fifth part is devoted to a detailed analysis of the industry situation.

26. The twenty-sixth part is devoted to a detailed analysis of the agriculture situation.

civilian seamen employed on state school ships, cadets at state maritime academies and on state training ships, seamen on vessels of the Mississippi River Commission, and civilian seamen on Navy tankers. Seamen of foreign flag vessels may also receive care through the marine hospitals if accommodations are available but charges for such service (690 men in fiscal year 1948) are made to the master, owner or agent of the ship even in those cases where the seamen is a citizen of the United States.

Nearly 200,000 seamen and trainees are eligible for complete medical and hospital care at federal expense. These beneficiaries constituted almost 50 percent of the hospital load of marine hospitals in fiscal year 1948. Of the 28,120 patients who received care in marine hospitals during June 1948, over 90 percent were seamen of the merchant fleet.

E. Wards of the Federal Government and Special Classes	The federal government insures medical services to an additional group of miscellaneous beneficiaries who are included because of some special relationship which they bear to the federal government or to the general population. These include Indians, prisoners of federal courts or of war, Pacific Island natives, immigrant aliens, narcotic addicts, lepers, and some groups of insane persons.
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1. Indians	A complete health and medical program is provided to Indian wards of the government. The obligations of the federal government toward Indians are scattered through numerous treaties as expressed in literally hundreds of pieces
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of legislation. The federal government exercises a general trusteeship over approximately 400,000 Indians, including 33,000 Indians, Eskimos, and Aleuts in Alaska. The trusteeship includes a complete health and medical program for all members of recognized tribes under federal jurisdiction, all descendants of members of recognized tribes who reside on a reservation, and all other persons of half or more Indian blood. Medical and hospital services are provided to all Indian dependents and, although existing regulations require Indians to pay for medical care at "reasonable fees", practically nothing is collected because those using the services are indigent or medically indigent.

Isolated from the rest of the population and from community acceptance in most places, Indians live apart and under sanitary conditions which are generally unacceptable to other groups of the population. The result has been a high incidence of communicable disease, especially tuberculosis. One-third of 2,173 average daily census in the 64 Indian hospitals were tuberculosis cases. During fiscal year 1948, 795,318 inpatient days of care and nearly 750,000 outpatient treatments were provided to Indians either through the Indian hospitals or through full-time and contract physicians. On June 30, 1948 the 58 Indian hospitals in the United States had 2,049 patients in 3,444 beds and the eight hospitals of the Alaska Native Service had 355 patients (204 tuberculosis) in 420 beds.

2. Prisoners

The federal government provides medical and hospital services to all those who are detained by the processes of federal courts and of the military forces. Prisoners of war are normally provided medical service by the military

arm which captured them, through the medical facilities of that service. The total number has been inconsequential since the close of the war and all current prisoners are held in overseas facilities of the armed forces. Approximately 18,000 civilian prisoners of the federal courts in fiscal year 1948 were also provided with medical and hospital care incident to their detention. Insane prisoners are held at the Springfield (Missouri) Medical Center or, if female, transferred to St. Elizabeths Hospital in Washington; tractable drug addicts are cared for at the Public Health Service hospital at Lexington, Kentucky. All chronic cases are sent to Springfield. Medical service is provided in each of the six penitentiaries, five reformatories, eight correctional institutions, two juvenile institutions, five prison camps and a detention center.

3. Pacific Island Natives

Since the close of World War II the Navy has provided medical and hospital care to the natives of the Pacific trust territories (Carolinas, Marshalls, Marianas and other islands and island groups). This care is incident to military government of the islands by the Navy. These natives total nearly 101,000. A hospital and three schools are maintained on Guam, several dispensaries and a medical survey ship are operated for other islands; 368,000 treatments were given during 1947.

4. Immigrants

Immigrant aliens who are taken ill while in detention and ship passengers and crews who are held in quarantine, are also provided medical care incident to the enforcement of the immigration and quarantine laws. The Public Health Service maintains beds for immigration patients in the marine

hospital at Ellis Island and those in quarantine are either held aboard ship or admitted to this or to some other Public Health Service hospital. The total number of such patients in all Public Health Service hospitals is very small, averaging only 54 patients per day in fiscal year 1948.

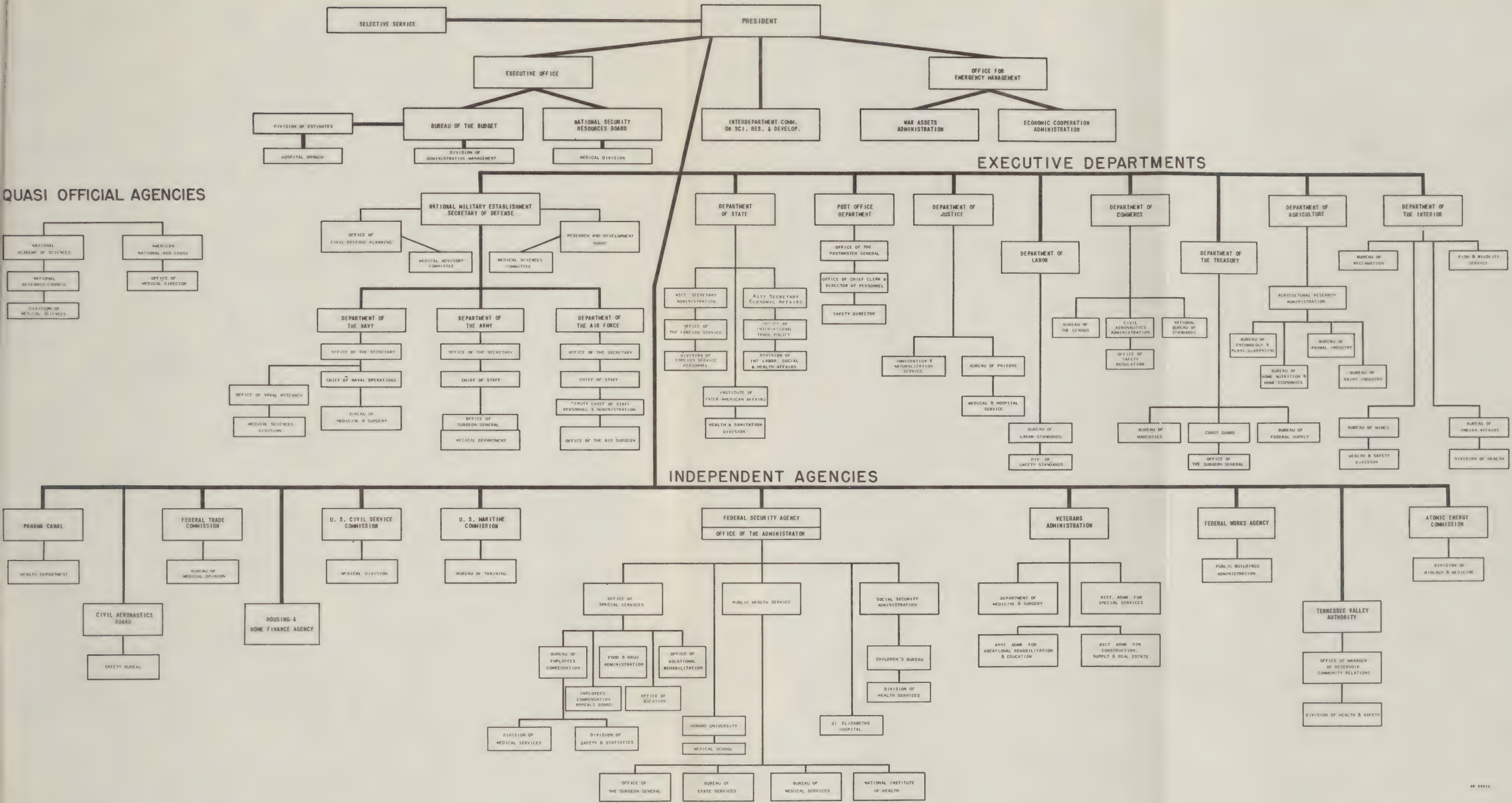
5. Narcotics and Narcotic addicts, either on conviction
 Lepers by federal courts or on voluntary application, are given medical and hospital treatment in Public Health Service hospitals in Lexington and Fort Worth. These hospitals, which also care for other patients, have a capacity of 2,567 beds and had 1,008 patients on June 30, 1948. Persons with Hansen's disease (leprosy) may be admitted to a special isolation hospital at Carville, Louisiana, on personal application or on referral by a public health officer. This hospital had a census of 404 patients in its 538 beds on June 30, 1948.

6. Insane The federal government has maintained for nearly
 100 years a special hospital (St. Elizabeths, in Washington, D.C.) for various categories of insane persons for whom the government had responsibility and for whom care could not be found elsewhere. In the past this included principally residents of the District of Columbia and members of the military forces. The further admission of armed forces personnel was terminated in 1946 by Executive Order because the institution was badly overcrowded and because of the availability of neuropsychiatric facilities in the Veterans Administration and in the hospitals of the armed forces. St. Elizabeths

Hospital, with a capacity of 7,000 beds, had 6,345 patients (4,950 of whom were residents of the District of Columbia) in June 1948.

All federal hospitals and physicians render necessary medical services in cases of emergencies to any person, whether or not he is lawful beneficiary, on humanitarian grounds. Visiting foreign dignitaries and military and naval attachés of other governments ordinarily are hospitalized in the facilities of the Army or Navy. Most of such scattered cases occur in Washington, D. C. and are handled at the medical centers of the respective services. These facilities are also used by Congressmen, diplomatic representatives, cabinet officers and other high officials of the federal government, who are admitted on the basis of courtesy rather than of entitlement.

FEDERAL MEDICAL ORGANIZATION



III. SUMMARY OF PRESENT HEALTH ACTIVITIES BY AGENCY

A. Major Federal Agencies

1. Veterans Administration
2. Department of the Army, including Air Force
3. Public Health Service
4. Department of the Navy

B. Other Federal Agencies

1. Executive Office of the President
 - a. National Security Resources Board
 - b. Interdepartmental Committee on Scientific Research and Development
 - c. Bureau of the Budget
2. Department of State
 - a. Office of International Trade Policy
 - b. Office of the Foreign Service
 - c. Institute of Inter-American Affairs
3. National Security Establishment
 - a. Research and Development Board
 - b. Office of Naval Research
4. Department of Justice
 - a. Bureau of Prisons
 - b. Immigration and Naturalization
5. Department of Labor
 - a. Bureau of Labor Standards
6. Department of Treasury
 - a. Bureau of Narcotics
 - b. Coast Guard
7. Department of Commerce
 - a. Civil Aeronautics Administration

1.1 Die Sprache als Kommunikationsmittel

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Die Sprache ist ein zentrales Element der menschlichen Kultur.

Sie ermöglicht die Übermittlung von Informationen und Erfahrungen.

Durch die Sprache wird das soziale Leben organisiert.

Die Sprache ist ein Werkzeug zur Schöpfung von Identität.

1.2 Die Sprache als kulturelles Erbe

Die Sprache trägt die Geschichte und Traditionen einer Gemeinschaft.

Sie ist ein Spiegelbild der gesellschaftlichen Strukturen.

Die Sprache ist ein Medium für die Weitergabe von Werten.

Sie ist ein Instrument zur Reflexion der Realität.

Die Sprache ist ein Ausdruck der menschlichen Kreativität.

1.3 Die Sprache als kulturelle Praxis

Die Sprache ist ein zentraler Bestandteil der kulturellen Identität.

Sie ist ein Medium für die Schöpfung von Sinn.

Die Sprache ist ein Instrument zur Reflexion der Realität.

Die Sprache ist ein Ausdruck der menschlichen Kreativität.

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8. Department of Agriculture
 - a. Agricultural Research Administration
 - b. Farmers Home Administration
 - c. Farm Credit Administration
 - d. Production and Marketing Administration
 - e. Cooperative Extension Service
 - f. Bureau of Agriculture Economics
 - g. Office of Personnel
9. Department of Interior
 - a. Bureau of Indian Affairs
 - b. Fish and Wildlife Service
 - c. Bureau of Mines
 - d. Bureau of Reclamation
 - 1) Hoover Dam
 - 2) Grand Coulee Dam
10. Federal Security Agency
 - a. Bureau of Employees' Compensation
 - b. Food and Drug Administration
 - c. Office of Vocational Rehabilitation
 - d. Howard University, and Freedmen's Hospital
 - e. Social Security Administration, Children's Bureau
 - f. St. Elizabeths Hospital
 - g. Office of Education
11. Tennessee Valley Authority
12. Federal Trade Commission
13. Civil Service Commission
14. Atomic Energy Commission
15. Maritime Commission
16. Federal Works Agency
17. War Assets Administration
18. Selective Service System
19. Post Office Department
20. Housing and Home Finance Agency

A. Major Federal Agencies

1. Veterans Administration
2. Department of the Army, including Air Force
3. Public Health Service
4. Department of the Navy

1. Veterans Administration The present Veterans Administration was established by Executive Order in 1930 by the consolidation of the Bureau of Pensions, the United States Veterans Bureau, and the National Homes for Disabled Volunteer Soldiers. Immediately after the entrance of the United States into World War I Congress created a Bureau of War Risk Insurance in the Treasury Department and provided that veterans with service-connected disabilities would be furnished with reasonable medical and hospital care. Outpatient clinics and hospitals were built under the authority of the Bureau but were operated for them by the Public ^H Health Service. After an investigation in 1920-21, Congress created the United States Veterans Bureau to control all veterans relief activities, transferring the Bureau of War Risk Insurance and the Federal Board for Vocational Rehabilitation and increasing the authority for hospitalization. In 1922 the Veterans Bureau took over all outpatient clinics and hospitals for veterans care from the Public Health Service. All subsequent legislation has been in the direction of liberalizing medical and hospital benefits and increasing authorizations and appropriations for better care.

Near the close of World War II a Congressional inquiry convinced the Congress that the organization of the Veterans Administration was defective, that its medical program was widely regarded as mediocre, and that only a complete reorganization of medical affairs would make possible the absorption of the enormously increased workload imposed by the demobilization of World War II forces. The

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present medical services were reorganized by Public Law 293 (79th Congress) and a Department of Medicine and Surgery was expressly created for those functions "necessary for a complete medical and hospital service for the medical care and treatment of veterans". Only the Department of Medicine and Surgery is expressly provided for by law; all other units in the Veterans Administration are the creatures of the Administration.

The Veterans Administration is responsible for the Administration of specified benefits to former members of the military and naval forces and for the provision of relief to such veterans and their dependents. Physical examinations, hospital and outpatient treatments, and care in domiciliary homes are included along with other benefits such as disability compensation, pensions, vocational rehabilitation, education, and guarantee of loans for the purchase or construction of homes or places of business.

a. Organization The Veterans Administration is organized, geographically, into one central office, 13 branch offices, 69 regional offices, and 125 hospitals and 12 domiciliary homes. In the Central Office there are the Office of the Administrator, the Office of the Executive Assistant Administrator (including over-all units for budgeting, coordination, foreign relations, information, inspection and investigation), and 12 Assistant Administrators, one of whom is the Chief, Department of Medicine and Surgery.

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Internally, this office of the Chief Medical Director includes a Deputy Medical Director, an Executive Officer, Special Boards (for professional standards and all personnel matters relating to physicians, dentists and nurses under Public Law 293), Physical Medicine Rehabilitation Service, a Professional Service (with subdivisions for Medicine, Surgery, Tuberculosis, Psychiatry and Neurology, and Laboratory), Dental Service, Research and Education Service, Nursing Service, Prosthetics and Sensory Aids Service, Auxiliary Service (for all pharmaceutical, dietetic, social service, outpatient and domiciliary home policies), Hospitalization and Requirement Service, and A Management and Planning Staff. Because the functions of the Chief Medical Director are wholly advisory, the several divisions are in a like manner advisory to him in the areas indicated by the titles of the Services.

Each of the 13 Branch Offices is under the supervision of a Deputy Administrator who, in authority, is the direct representative of the Administrator. Each Branch Office duplicates exactly the organization of the Central Office, except there are no branch directors for legislation or for veterans appeals. The 11 Branch Directors (or Chiefs) report and are responsible to the Deputy Administrator in charge of the Branch Office rather than to their service counterparts in the Central Office. The Branch Offices directly supervise the hospitals and homes, the regional offices and the subregional offices located in their respective geographical areas.

Each Regional Office under a Manager, who reports directly to the Deputy Administrator of the Branch Office, includes eleven Divisions, one of which is a medical division. The Medical Division runs the outpatient medical and dental care clinics in regional and subregional offices and supervises locally authorizations and charges for treatments by "home town" physicians and dentists.

Each hospital or home is supervised by a Manager who reports directly to the Deputy Administrator of the Branch Office. Each hospital is organized into a (1) Business Service, under the Executive Officer, which includes Divisions for finance, personnel, communications and records, registrar, engineering, supply, and special services (canteen, chaplains, recreation), and (2) a Professional Service, under a Chief, which includes (with some variation depending upon the type of hospital) Services for medicine, surgery, tuberculosis, neuropsychiatry, dentistry, physical medical rehabilitation, nursing, radiology, laboratory, pharmacy, social service, dietetics, and outpatient care. The supporting services within the hospital which fall under the Business Service report to and are responsible through their counterparts in the Branch and Central Office, not to the Branch Medical Director or the Chief Medical Director. At the same time, however, "key" positions in the professional service of a hospital may not be filled without the concurrence of the Chief Medical Director.

Organizationally, the key official in the Veterans Administration structure is the Deputy Administrator in each Branch Office; he is the personal representative of the Administrator and all veterans'

activities in that area report directly to him. All the Assistant Administrators are staff or technical advisers to the Administrator in the Central Office and their counterparts in the Branch Offices are staff and technical advisers to the Deputy Administrator. The Chief Medical Director and the Branch Medical Director are but one of the many such advisers. Others, at both Central Office and in the Branch Offices, who have very considerable authority over matters which directly affect the medical and hospital programs include those in charge of finance, personnel, special services, rehabilitation and construction, supply and real estate. This same pattern of "splinter" authority runs on down from the Branch Offices into the Regional Offices and even into the hospitals. In summary, the medical officers do not in fact control and direct the medical and hospital program at any level.

b. Services The medical services provided by the Veterans Administration include the provision of (1) outpatient medical and dental care in its 69 clinics or by purchase from private physicians and dentists, (2) hospitalization either in its own 125 hospitals or in other federal and nonfederal hospitals on a contractual basis, and (3) domiciliary care in its own homes and the support of domiciliary programs operated by the several states.

1) Outpatient The outpatient program reached an all-time peak in the fiscal year 1948 and, although it is anticipated that it may begin to level off during the current fiscal year, there are no reliable estimates at what level it may be

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expected to stabilize. In contrast to the inpatient program where any veteran may receive treatment, in the outpatient program veterans may be treated only for service-connected disabilities or for nonservice connected disabilities which are an adjunct to ailments resulting from service. The only exception is in the case of veterans who are receiving on-the-job training under the benefits of vocational rehabilitation acts. Many other veterans are given physical examinations in the outpatient clinics and by contract physicians for determination of eligibilities, extent of disabilities, and need for inpatient treatment.

Veterans may be examined or treated under the outpatient program (1) to provide a statement to the Claims Service of the medical status of a claimed service-connected disability, (2) to determine the need for hospitalization or domiciliary care, (3) to determine the need for outpatient treatment (and may receive the treatment indicated at the same time), (4) to prevent interruption to on-the-job training financed by the Vocational Rehabilitation and Education Service, or (5) to provide a basis for action by the Insurance Service on reinstatement of their lapsed life insurance. Because the hospitals and clinics are readily available service is also provided to beneficiaries of other federal agencies, foreign governments and Veterans Administration employees in need of attention.

During the fiscal year 1948 a total of 2,841,335 individuals were examined, and 1,937,842 were treated in the medical outpatient clinics or by contract 700,787 were examined and 655,451 received dental treatments either in the clinics or through contract dentists.

The total estimated cost of this outpatient program was \$120,481,123, of which 43 percent (\$52,153,199) was for the direct operation of clinics and the administration of the entire outpatient program and 57 percent (\$68,327,924) was for the contract purchase of medical and dental care and pharmaceuticals. Nearly 75 percent (\$47,519,329) of the cost of contract services was for dental care.

2) Hospitalization On June 30, 1948 the Veterans Administration was operating 125 hospitals with a total of 103,890 beds to which there had been added 6,687 temporary beds, making a total capacity of 110,577. Only 102,219 beds were available for use because 8,358 were temporarily closed (5,600 because of personnel shortages). In the 12 domiciliary homes with a constructed capacity of 16,494 beds, 16,174 beds were available for occupancy. The total hospital and home plant is as follows:

	Facilities	Constructed Capacity	Available Beds	Total Patients
TOTAL	137	127,071	118,393	105,565
<u>Hospitals</u>	125	110,577	102,219	91,290
Tuberculosis	18	8,975	7,825	6,919
Neuropsychiatric	33	53,005	50,636	47,141
General	74	48,597	43,758	37,230
<u>Domiciles</u>	12	16,494	16,174	14,275

At the end of fiscal year 1948, the Veterans Administration had 12,289 patients in non-Veterans Administration facilities. Over 60 percent of these patients (7,811) were hospitalized in the hospitals

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Particulars		Amount	
1. Salaries and Wages	100.00	2. Rent	50.00
3. Fuel and Light	20.00	4. Repairs	10.00
5. Stationery	10.00	6. Postage	5.00
7. Telephone	10.00	8. Insurance	10.00
9. Miscellaneous	10.00	10. Total	215.00

The total amount of the above is \$215.00.
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of other federal agencies (2,676 in Army, 3,568 in Navy, 1,347 in Public Health Service, and 212 in St. Elizabeths), and the remaining 4,478 in nonfederal institutions. More than half of all such patients (7,892) were general medical and surgical cases but only one-fourth (1,058) of those sent to nonfederal facilities were general patients. During fiscal year 1948 the Veterans Administration obligated \$38,257,000 for contract hospitalization.

3) Domiciliary Care In 1865 Congress authorized the creation of the National Home for Disabled Volunteer Soldiers to provide domiciliary care and hospital facilities to those veterans who had received an honorable discharge from military service and who were disabled beyond capacity to earn a livelihood. The first home, established in Togus, Maine, in 1867 had a domiciliary capacity of 1,580 and hospital facilities for 275 patients. Additional homes were subsequently built in various other parts of the country until there were 11 branches of the National Soldiers Home in as many states when they were consolidated with the Veterans Bureau in 1920.

Since their establishment these homes have cared for indigent, disabled, honorably-discharged veterans of the Mexican War, Civil War, Indian Wars, Spanish American War, World Wars I and II, and the discharged regular members of the Army, Navy, and Marine Corps who had only peacetime service.

In addition to these federal homes, numerous states built and maintained homes for their own veterans, either through individual or collective philanthropy or through state tax funds. Not all of

these continued in operation, but in 1948 approximately 6,500 veterans were receiving domiciliary care in 28 state homes. Beginning June 1, 1948 (Public Law 531, 80th Congress) the federal grant-in-aid for the maintenance of the facilities was increased from \$300 to \$500 per annum for each domiciled veteran. During fiscal 1948 the total grants were \$1,800,000.

On June 30, 1948, there were 14,275 veterans in domiciles of the Veterans Administration, including 231 women veterans. Less than 10 percent (1,289) of the total residents had service-connected disabilities, and nearly 90 percent were veterans of World War I. By June 30, 1948 there were already 797 veterans of World War II receiving domiciliary care, although many of them had also seen service in World War I.

	Service- Connected	Nonservice- Connected
TOTALS IN DOMICILES	<u>1,289</u>	<u>12,986</u>
Civil War	—	1
Spanish American War	33	883
World War I	963	11,190
World War II	164	633
All Other Wars	2	20
Regular Establishment	126	248
Retired Officers and Enlisted Men	1	12

During fiscal year 1948 the Veterans Administration obligated \$12,100,000 for the operation of its 12 domiciliary homes, in addition to the \$1,800,000 allocated to states for the support of state homes.

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c.. Future Patient
Load

A total of 103,263 veteran patients were in hospitals on June 30, 1948, of whom two-thirds had nonservice-connected disabilities. How many veterans will seek hospitalization in the future? How many beds will be required? Predictions of the future veteran patient load, hazardous at best, can only be made on the basis of assumptions on the size of the armed forces. Based on current armed forces forecasts and on recent military experience, it may be assumed that the armed forces will continue at a strength of about 1,500,000, that a continued resort to the draft will be necessary, that the average period of enlistment will be three years, and that about 20 percent will re-enlist at the end of each three years. After the first two or three years -- by the summer of 1951 -- this will produce an annual increment of approximately 400,000 veterans. By 1980 the total number of these "new" veterans will outnumber the surviving veterans of World War II and all prior wars.

As the general body of veterans with service-connected disabilities grows older, the derived patients will continue to increase for many years if only because of the increasing toll of chronic diseases with advancing age. One significant result will be to maintain the total number of veterans with service-connected disabilities at not far below the present 2.5 million. The number of patients with service-connected disabilities may be expected to increase from the present 35,000 to about 90,000 near 1975.

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If the demand of veterans for hospitalization continues to follow recent experience, the total number of beds required would be:

Year	Service-Connected Cases			Cases Without Service Connection			Total Beds Needed
	NP	TB	GMS	NP	TB	GMS	
1955	40,000	4,000	5,500	51,000	10,000	43,000	153,500
1960	54,000	4,000	5,500	66,000	11,000	49,000	189,500
1970	80,000	3,000	5,000	94,000	14,000	63,000	259,000
1980	89,000	2,000	5,000	111,000	17,000	82,000	306,000

Perhaps the most startling thing about these projections, aside from the magnitude of the total number of beds needed, is the fact that at all times nearly two-thirds of the beds will be occupied by mental patients. Based on current experience, slightly more than 25 percent of the 53,033 veteran neuropsychiatric patients in the Veterans Administration hospitals have already been hospitalized more than 10 years. However, no World War II patient can yet have been in hospital for as long as ten years. More than 40 percent (about 13,000) of the 32,000 neuropsychiatric patients whose eligibility arises from service prior to World War II had been in Veterans Administration hospitals more than 10 years on June 30, 1948.

These forecasts are predicated on the assumption that veterans will continue to seek hospitalization in accordance with recent experience. In the event of a depression, a great many veterans, who now either pay for their own hospitalization or get it through prepayment plans, would turn to the government for hospital care. This would substantially increase the demand for beds by, perhaps, as much as 25 percent.

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1898	1899	1900	1901	1902	1903	1904	1905
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1914	1915	1916	1917	1918	1919	1920	1921

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d. Hospital Construction

Toward the close of World War II

it became quite clear that the existing veterans hospital plant would be inadequate and would have to be expanded very considerably. Accordingly 30-odd military hospitals were taken over and a projected building program was presented to Congress. It has been and still is under continuous study and revision. In its present form the program contemplates an estimated expenditure of \$1.1 billion for 91 new hospitals and 42 additions to presently operating hospitals, with a gross total of 66,021 beds (29,664 general, 3,351 tuberculosis, and 32,706 neuropsychiatric beds).

At the end of June, 1948, 26,184 beds were being operated in 34 hospitals which originally belonged to other agencies; four other military hospitals which were taken over and operated for a time have been released; and still two other military hospitals are being reopened as domiciliary homes by express direction of the last Congress.

Between June 26, 1943 and June 30, 1948 Congress had appropriated \$503,660,000 for new hospitals and \$21,708,000 for additions and conversions, or slightly less than half the total estimated as required.

The proposed additions will add 13,111 beds (1,151 tuberculosis; 9,208 neuropsychiatric and 2,752 general beds); 10,362 beds have already been completed in 31 additions. Only two of the proposed 91 new hospitals have been completed; both are neuropsychiatric,

(Tomah, Wisconsin and Lebanon, Pennsylvania) with a total of 1,649 beds at a cost of \$7,750,326.^{1/} Thirty-one hospitals with an intended capacity of 12,995 beds were under contract as of November 24, 1948 and 57 others^{2/} with a capacity of 37,250 beds are in design.

1/ The Tomah hospital cost \$3,944 per bed (1,172 beds, total cost \$4,622,727) and the original Lebanon hospital cost \$6,557 per bed (477 beds, total cost \$3,127,599). The contract for the Tomah hospital was let in April 1945; the contract for the Lebanon hospital was let in November 1944. Both were completed in the summer of 1947.

On February 24, 1948 a contract was let for a 545 neuropsychiatric bed addition to the Lebanon hospital at an estimated total cost of \$11,921,876. This makes the average bed cost \$21,875, more than three times the originally planned per bed cost of the hospital. A large part of the greatly increased average bed cost at Lebanon is explained by difficult terrain including rock, which required an extension of nearly a year on the original contract, but much of it is the increase in building costs between November 1944 and February 1948.

2/ One hospital, a 1,000-bed neuropsychiatric hospital at Topeka, Kansas, is omitted from the table here because, although definitely part of the contemplated program, only \$126,700 for the acquisition of land has been authorized.

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The 31 hospitals under contract are estimated to cost \$282 million (\$21,719 average cost per bed) and the 57 in design \$788 million (on March 1948 costs of construction equal to \$21,157 per bed) or a total of \$1,070,326,000 (average \$21,300 per bed).

VETERANS ADMINISTRATION HOSPITAL CONSTRUCTION PROGRAM
Summary of Status on November 24, 1948

	Number	Beds	Total Cost ^{d/} (In Thousands)	Average Cost per Bed
COMPLETED				
Additions	31	10,362	\$ 38,941 ^{a/}	\$ 3,758
New Hospitals	2	1,649	7,750 ^{a/}	4,700
UNDER CONTRACT				
Additions	6	1,504	29,443 ^{b/}	19,577
New Hospitals	31	12,995	282,240 ^{b/}	21,717
Conversions	2 ^{c/}	1,322	1,188 ^{b/}	898
IN PLANNING				
Additions	5	1,974	36,413 ^{b/}	18,446
New Hospitals	57 ^{e/}	37,250	788,086 ^{b/}	21,157
Conversions	3	612	950 ^{b/}	1,551

^{a/} Includes cost of construction only.

^{b/} Includes costs for: construction, including construction contingencies; site (new hospitals only); landscaping, technical services; and centrally procured equipment.

^{c/} Includes 222-bed tuberculosis conversion at Atlanta, Georgia, which is being accomplished by the purchase and hire method.

^{d/} Cost estimates for projects not under contract are based on cost levels of March 1, 1948; cost estimates for projects under contract are based on contract awards.

^{e/} Excluding hospital projected for Topeka, Kansas.

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• *Chrysomelidae* (Colorado potato beetle) - This pest is a common threat to potato crops. It feeds on the leaves, causing significant damage. Control measures include regular monitoring and the use of insecticides.

Thus, more than 50,000 beds in 88 new hospitals at an average bed cost of \$21,300 are either under contract in plan or rather far along in design as of October 11, 1948. Even recognizing mounting construction costs, there is great variation in the average bed costs. These costs range between \$14,500 and \$51,000 per bed and, depending somewhat on location, the higher bed costs are in the smaller 100-200 bed hospitals. General hospitals usually cost more per bed than neuropsychiatric hospitals, in part because of the tendency to put more neuropsychiatric beds in the larger (750-1,000 bed) hospitals. Only 2,200 tuberculosis beds are included in the entire new hospital program.

As the patient load in military hospitals declined, 30-odd surplus Army and Navy hospitals were taken over by the Veterans Administration. Some of these, permanent in construction, probably will be continued in use but the temporary structures, designed to last only five to ten years, are intended to be replaced by new construction in the same or nearby areas.

Nearly half (42) of the 89 projected new hospitals are being built or are being planned in areas where past experience has proven that it will be difficult to impossible to get adequate staff. Twenty of these hospitals are already under contract; 22 are in well advanced planning stages. These hospitals will have 13,921 beds and are expected to cost \$347.5 million (average \$24,962 per bed).

Experience in staffing veterans hospitals since the close of World War I has shown repeatedly that those located in remote and

isolated (medically) areas have continuous difficulty in securing a full staff complement. (Sixty-one existing veterans hospitals with nearly 45,000 beds are now located in such areas.) They require larger numbers of full-time staff physicians, only limited numbers of consultants in a few fields are accessible, wholly inadequate numbers of trained people are available in sub-professional and other supportive fields and relatively inadequate numbers are available for training. The federal pay scale for sub-professional and other needed workers is usually higher than the prevailing rates of pay in such areas, with the uniform result that the veterans hospitals have siphoned off whatever trained workers were available from community hospitals which could not afford to lose them.

In the fiscal year 1948, \$224,862,225 was obligated for planning, construction and alteration of hospital, domiciliary homes and outpatient facilities. For these purposes an estimated \$616,000,000 has been allocated for obligations in fiscal year 1949.

e. The New Regime The history of veterans medical care by the federal government has not been a brilliant one. Indeed, until the Bradley-Hawley Administration began in August 1945, the medical care provided to veterans was widely regarded as mediocre-to-poor by the medical profession and easily confirmed by newspaper columnists, professional students, and congressional investigating committees. The physical facilities were fair to good but many were very badly located, much understaffed and overcrowded (particularly mental and tuberculosis beds). Even

more difficult to overcome, hospitals were located, patients admitted and staff hired too often as a result of pressure by veterans' organizations, local citizens, and Congressmen. This era is not yet wholly closed.

Within the Veterans Administration, the organizational unit charged with the provision of medical and hospital care has been traditionally handcuffed by an extensive bureaucracy of red tape. The full control of medical and hospital care is not yet under the direction of the Department of Medicine and Surgery.

Very great progress in the improvement of medical care has been made since the coming of the "new regime" in 1945. From the beginning the new regime has emphasized over and over again their determination to provide medical care "second to none" in quality. They advocated building veterans hospitals only in or near medical centers where qualified specialists were available. They persuaded the Congress to exempt physicians, dentists, and nurses from the Civil Service laws and regulations (Public Law 293, 78th Congress) so that better salaries could be paid. They inaugurated a residency training program to increase the supply of scarce specialists, to provide better care for patients and to raise the sights of the full-time staff. They placed the technical supervision of both the care of patients and the training program under 45 Deans Committees from university medical and dental schools and other established clinics and foundations. They brought lecturers and consultants into the hospitals. After some delay, they got a research program established. By all

The following information was obtained from the records of the
 Department of the Interior, Bureau of Land Management, and the
 Bureau of Reclamation, and is being furnished to you for your
 information.

these means and through the establishment of a "home town" medical and dental care program, they convinced a skeptical medical and dental profession. Now many veterans hospitals compare favorably with the best private and university teaching hospitals.

Despite this great progress in the short space of three years, the path toward high-quality medical service is still partially blocked. It is blocked by political interference in the location and operation of veterans hospitals, by the diffusion of authority over medical and hospital matters within the Veterans Administration, and by the acute nation-wide shortage of certain types of personnel.

Political interference in the location and operation of hospitals is illustrated in (1) the location of new hospitals, (2) refusal of permission to close existing hospitals which were either (a) inherited from the military at the close of World War I or II, (b) built following World War I, or (c) included in the absorption of the National Homes for Disabled Volunteer Soldiers, and (3) refusal of permission to convert existing temporary or permanent hospitals to domiciliary homes. Recent experience abounds with instances of the location of hospitals due to political pressure and the continued operation of hospitals at locations where they cannot be adequately staffed, or which cost 30 to 50 percent more to operate.

Within the Veterans Administration the control over medical and hospital matters continues to be divided between the Department of Medicine and Surgery on the one hand and at least six other departments of equivalent rank, that of Assistant Administrator. Parallel diffusion

exists at the Branch Office level, where six Branch Directors have an equal voice in matters directly affecting the internal management of veterans hospitals and outpatient clinics. This fractionation of control does not exist in the nation's better voluntary hospitals.

Lastly, the nation-wide shortage of certain types of medical and supportive personnel prevents the delivery of the best possible medical care to veterans. Beyond the over-all shortage of both physicians, and graduate nurses, the need for psychiatrists, neurologists, psychologists, specialists in tuberculosis, psychiatric nurses, physiotherapists, and social workers is particularly acute. Vacancies for all kinds of workers with psychiatric patients (especially psychiatrists) have necessitated deferment of construction of nearly 6,000 psychiatric beds which are needed now. All projections point to an even greater future need.

f. Costs and Personnel The cost of the medical, dental and hospital program in fiscal year 1948 was estimated by the Veterans Administration at \$759,748,289, of which \$616,540,261 was for inpatient care, \$2,632,458 for research, \$828,320 for education and training, \$19,266,127 for general administration, and \$120,481,123 for outpatient services. A total of \$1,241,509,688 has been allocated for all medical and hospital services for fiscal year 1949.

To operate this medical program, the Veterans Administration employed on June 30, 1948, 78,332 persons, of whom 3,536 were physicians, 947 dentists, and 11,065 nurses, as follows:

PERSONNEL EMPLOYED IN VETERANS ADMINISTRATION
MEDICAL PROGRAM
June 30, 1948

	All Medi- cal Program Personnel	Full- time	Physicians			Den- tists	Nurses
			ASTP V-12	Resi- dents	Part- time		
TOTAL	<u>78,322</u>	<u>3,536</u>	<u>75</u>	<u>1,868</u>	<u>2,872</u>	<u>947</u>	<u>11,065</u>
Administrative ^{a/}	1,130	140	-	-	96	24	33
Outpatient Clinics ^{b/}	10,418	1,141	7	32	1,134	554	147
Hospitals	65,370	2,237	68	1,836	1,642	356	10,870
Domiciles	1,404	18	-	-	-	9	8

^{a/} Central Office and Branch Offices.

^{b/} In regional offices.

2. Department of the Army Although there was a beginning of military medicine in the Revolution under a Director General of a hospital, a definite corps of medical officers with a Physician and Surgeon General at its head was not organized until the War of 1812. This corps was made a central bureau under the title of Medical Department, headed by a Surgeon General, in 1821. During the period between the Civil War and the Spanish

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1940-1941

American War the Army Medical Department pioneered in laboratory research and preventive medicine, distinguishing itself particularly in cholera and yellow fever epidemics. A library, a medical museum and a medical school were established and greatly expanded for more effective work in military medicine, preventive medicine and sanitation. Following the turn of the century, separate hospital, nurse, medical reserve, dental and veterinary corps were organized. The necessities of World War I occasioned not only great numerical expansion but increased specialization.

1) Organization The organizational position and relationships of the Medical Department to other branches of the military have been changed at least three times since the close of World War II.^{1/} The most recent reorganization (Army Circular 64, March 10, 1948), defined medical service as a technical service comparable in position to the Quartermaster Corps, Corps of Engineers, and Ordnance Department, and made the Surgeon General responsible to the Chief of Staff through the General and Special Staffs.

The relationships between the Army Medical Department and the Air Force, under the provisions of the National Security Act of 1947, are less than clear. At present the Army Medical Department provides the Air Force with all medical personnel (on detail), the procurement,

^{1/} It is understood that still another reorganization, which will place the Surgeon General under the Logistics Division of the Department of the Army, is being contemplated and will be announced in November 1948.

storage and issue of medical supplies and equipment, and some other administrative services, including hospitalization in general hospitals. The Air Force is now officially seeking authorization for an independent medical corps.

The Surgeon General is a technical staff officer of the Headquarters Department and commands a number of Class II^{1/} medical installations and activities, as follows: Army Medical Center (including Walter Reed General Hospital and the Research and Graduate School), Brooke Medical Center (including Brooke General Hospital and the Medical Field Service School), twelve other general hospitals, three medical depots, five medical sections of general depots, Army Institute of Pathology, Army Medical Library, Army Industrial Hygiene Laboratory, Medical Nutrition Laboratory, and the Medical Department Field Research Laboratory. Although these installations are under the command of the Surgeon General, the Army Area commanders are responsible for providing such important services as food, laundry and cleaning facilities, repairs and utilities, and allocation of vehicles. The adequacy of these auxiliary services is a subject of controversy between the commanding officers of these installations and the Area Surgeons.

All other Army medical activities in continental United States are under the command of the commanding generals of the six field armies. These include 42 station hospitals, seven general dispensaries, and field force medical units. A Surgeon on the staff of

^{1/} Class I installations are those under the commanding general of an Army or of the Military District of Washington.

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each Army Commander controls the medical units and medical personnel assigned to that Army. The degree and directness of this control varies with the policy of the Commanders. Although he may, and is encouraged to, communicate directly with the Army Surgeons, the Surgeon General cannot send directives, on medical matters, except after clearance through the General Staff and issuance through command channels, however professional or technical the subject matter. All medical activities overseas are under the command of overseas or theatre commanders.

The Surgeon General does not have control over Medical Department personnel. He classifies only medical and dental officers; the Adjutant General classifies veterinary, nurse, medical service, and women's medical specialist officers. The Surgeon General makes the initial assignment of all newly commissioned medical officers, either to specific stations in the Zone of Interior, to major commands overseas or on detail to the Air Force, except those assigned to Class II installations. At this point control over these medical officers passes into the hands of the Army area commanders, overseas commanders, or the Air Surgeon. Overseas commanders and the Air Surgeon may reassign officers within their command without reference to the Surgeon General. If the Surgeon General wishes to change the permanent assignment of any officers assigned to an Army Area installation, he must get the approval of the Army commander. Local commanders determine how medical officers assigned to their installations are utilized.

Nor does the Surgeon General have control over Medical Department expenditures. Excluding the pay of military personnel and the cost of their routine travel (which are budgeted on an Army-wide basis), the Army Medical Department budgets only for approximately 56 percent of the cost of operating their installations and the Surgeon General directly controls only 60 percent of these budgeted funds. In effect, the Surgeon General controls only one-third the total expenditures required for medical services in the Army.

Thus, the Surgeon General occupies an essentially supply position in the Army. Although his rank and title and the general public understanding of his position indicate that he controls Army medicine, he does not in fact control either all medical facilities, medical personnel, or medical expenditures.

2) Functions

The routine functions of the Medical Department include physical examinations of applicants for admission to, and members of, the Army, the preservation of health and prevention of disease among military personnel, care of the sick and wounded, selection and training of Medical Department personnel, inspection of meats and dairy products, provision of medical supplies and equipment, and the conduct of research on military medical problems. Broadly, therefore, the mission of the Medical Department is the preparation of medical service to the Army in time of war and the conservation of manpower. In addition, medical care is provided to dependents of those in military service whenever facilities are available, and hospital care on a reimbursable

[illegible]

basis for beneficiaries of the Veterans Administration and, to a lesser extent, of the Navy and Public Health Service.

On June 30, 1948 in the Zone of Interior there were 55 Army hospitals (14 general, 41 station) with a total bed capacity of 28,000 beds (19,300 in general hospitals, 8,700 in station hospitals), not including the 54 Air Force station hospitals. The general hospitals range in size from 100 to 2,700 beds and the station hospitals between 11 and 800 beds. On July 1, 1948, 16,142 patients (12,542 in general and 3,600 in station hospitals) were hospitalized in Army Medical Department facilities in continental United States. About 70 percent of these patients were active duty Army and Air Force personnel.

3) Personnel Some concept of the variation in the total strength of the Medical Department may be gained from the comparative sizes of the component units, as follows:

<u>Strength of the Medical Department</u>			
	July 1, 1941	July 1, 1945	July 1, 1948
<hr/>			
Medical Corps	1,210	44,924 ^{a/}	4,353
Dental Corps	267	14,605 ^{a/}	1,385
Veterinary Corps	126	2,040	380
Nurse Corps	1,280	54,291	4,317
Sanitary Corps	Unknown	2,540)	
Medical Administrative Corps	Unknown	19,635)	2,620
Dietitians and therapists	Unknown	2,740	c/
Enlisted men	Unknown	521,282	30,563
Women's Army Corps	-	18,885	c/
Civilians	Unknown	115,000 ^{b/}	25,000 ^{b/}

- a/ Excludes those assigned to Veterans Administration.
b/ Estimated.
c/ The Women's Medical Specialist Corps numbered 400.

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The Army Medical Department is now facing an acute shortage of medical and dental officers. Although there were an estimated 4,350 medical officers on duty on September 30, 1948, 2,550 were graduates of the war-time Army Specialist Training Program. Because of resignations and particularly because of the expiration of the period of obligated service of Army Specialist Training Program graduates, the total number of medical officers will be down to an estimated 2,700 by July 1, 1949. At the same time the total strength of the Army and Air Force will have increased to 1,335,000 through recruitment and the operation of the Selective Service System. The Army and Air Force would need nearly 6,300 officers on the basis of their standard requirements. Thus there will be a deficit of 3,600 medical officers. Although the Army and Air Force could get along with less than 6,300 medical officers, voluntary methods of recruitment will not supply this impending deficit.

Since the close of World War II and the demobilization of civilian physicians from the armed services, the Medical Department of the Army has made a number of efforts to attract additional physicians from civil life. They have employed civilian physicians on a full-time and/or part-time basis; they have put on recruitment drives; they have expanded their training program, particularly for interns and residents; they have tried to shift administrative work to non-professional personnel; they have talked about a loan of physicians from medical schools for short terms of duty, and

The first thing I noticed when I stepped out of the car was the cold, crisp air. It was a relief after the warm, stuffy interior. I looked up at the sky, which was a pale, hazy blue. The sun was just starting to rise, casting a soft, golden glow over the landscape. The ground was covered in a layer of dry, brown grass, and the trees were bare, their branches reaching out like skeletal fingers. I took a deep breath, inhaling the scent of the earth and the distant mountains. It felt like I had entered a new world, one that was both familiar and strange. I walked slowly, my feet crunching on the dry leaves. The silence was broken only by the occasional rustle of a branch or the distant call of a bird. I felt a sense of peace and tranquility that I had never experienced before. The world around me seemed to be holding its breath, waiting for something to happen. I knew that I was the only one here, and that gave me a sense of freedom and power. I walked on, my mind racing with thoughts of the future and the possibilities that lay ahead. The sun was now higher in the sky, and the light was becoming brighter. I could see the mountains in the distance, their peaks shrouded in a light mist. I felt a sense of awe and wonder at the beauty of the world. I knew that this was a special moment, one that I would never forget. I walked on, my heart full of hope and dreams. The world was mine, and I was going to make the most of it.

they have set up a career management plan for medical officers -- all in an effort to make service in the Army Medical Department more attractive. Undoubtedly some physicians have been recruited but, broadly speaking, these efforts have failed and the Medical Department now faces increased obligations without any hope of being able to meet them with volunteers. Though not numerically comparable, an even more acute shortage will exist in dental officers on July 1, 1949.

4) Costs The appropriation of \$69,534,000 in fiscal 1948 for medical and hospital services of the Army, and of \$75,126,163 in fiscal year 1949, does not include all items fairly chargeable to the Medical Department. It is estimated that in fiscal 1948 the real expenditure was about \$161,000,000 for continental United States alone.

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2a. Air Force
Medical Department

The first recognition of aviation medicine dates back to 1917. From 1926 to the start of World War II, all medical services were provided to Air Corps personnel by medical officers assigned by the Medical Department of the Army. During World War II a semi-independent office of the Air Surgeon was created and medical personnel were recruited directly from civilian life as flight surgeons, for service with Air Force personnel at air bases, training schools and station hospitals.

Under the unification act the Medical Department of the Army continues to provide personnel and general hospital care for the Air Force.

On June 30, 1945 the total Medical Department strength assigned to the Air Surgeon was 54,457, and by June 30, 1948 it had decreased to 12,818. During the calendar year 1948 Congress authorized a substantial increase in the total Air Force strength which will be reflected soon in the total Air Force medical personnel.

Total Medical Strength of Air Force

July 1, 1945 July 1, 1948

Medical Corps	4,505	847
Dental Corps	2,598	427
Nurse Corps	3,387	542
Medical Service Corps	1,733	401
Veterinary Corps	261	58
Women's Medical Specialist Corps	193	23
Enlisted men (Medical Department only)	32,871	8,479
Civilians	8,909	2,041

The responsibility of the Air Surgeon with respect to medical officers assigned to the Air Force and to all Air Force personnel, their dependents, and civilians employed in Air Force installations is comparable to that of the Surgeons General of the Army and Navy, except that the Air Force operates no general hospitals. All personnel requiring general hospital care are transferred to Army general hospitals and returned to the Air Force when medically ready for return to duty. Otherwise, the Air Surgeon is charged with the maintenance of the mental and physical health of all Air Force personnel, the care of sick and injured, air evacuation, operation of station hospitals and supply activities, and the supervision and direction of training and research programs. Separate divisions have been established for fiscal, medical personnel, medical plans and services, care of flyers, research, professional services, and biometrics.

On July 1, 1948 there were 54 Air Force station hospitals, ranging in size from 25 to 600 beds, with 2,583 patients in their operating capacity of 5,650 beds. About 77 percent of these patients were military personnel.

The medical research activities of the Air Force are concentrated at the Aero-Medical Laboratory at Wright Field, and the School of Aviation Medicine at Randolph Field.

Separate appropriations are not made either to the Air Surgeon or for the health and medical activities of the Air Force. They are included in the estimated expenditures of the Army Medical Department.

3. Public Health Service

The Public Health Service is one of the eight units of the Federal Security Agency ^{1/} which has health and medical functions. It is the principal government agency for the promotion of the health of the general population as distinguished from other agencies which are primarily concerned with special beneficiary groups.

The Public Health Service dates from a single hospital "for the relief of sick and disabled seamen" authorized in 1798. The first broad grant of authority to carry on investigations into the diseases of man and the pollution of domestic navigable streams came in 1912, since which time Congress has consistently supported both research, leading ultimately to the establishment of the several research institutes at Bethesda, and investigations and demonstrations in sanitation, which culminated in the Stream Pollution Control Act in 1948. Since 1930, a very rapid expansion has occurred. General grants-in-aid to states for local public health services were provided by the Social Security Act of 1935, which also increased appropriations for research. The building of the National Institutes of Health in Bethesda began in 1936, and in 1937 the National Cancer Institute was created. A broad-scale attack on finding, treating, and controlling venereal disease was renewed in 1938, followed in 1944 by a comparable initial effort in the field of tuberculosis.

^{1/} Seven other units of Federal Security Agency are presented below (page 123).

During World War II the Service opened an experimental and control center for malaria, it administered an emergency nurse training program, and detailed numerous officers to the Army, Navy, civilian war agencies, and international organizations. Since the close of the war the pace of expansion has increased through new legislation for hospital construction, mental hygiene work, and dispensary care for federal employees, all in 1946. In 1948 Congress established research institutes in heart and dental diseases and passed stream pollution legislation.

The chief executive officer of the Public Health Service is the Surgeon General appointed from the regular corps of commissioned officers by the President with Senatorial confirmation for four years. The Surgeon General selects his own deputy and six Assistant Surgeons General to serve as chiefs of each of the three (Medical Services, State Services, National Institutes of Health) operating bureaus, chief dental officer, chief sanitary engineer, and chief medical officer of the Coast Guard. The Surgeon General is advised and assisted by a series of advisory councils. In addition to the National Advisory Health Council which is the general advisory group on all health policies of the Service, there are special advisory bodies in cancer, mental health, hospital construction, heart disease, dental disease, and water pollution control. Most of these groups advise primarily on research activities and grants. They are advisory only. Further, the annual meeting of the Conference of State and Territorial Health Officers and the interim meetings of their committees

The first thing I noticed when I stepped out of the car was the cold. It was a sharp, biting cold that seemed to penetrate to the bone. I shivered as I walked towards the building, my hands tucked into my pockets. The air was thick with a heavy mist, and the ground was slick with rain. I had heard that the weather was bad, but I didn't realize it would be this bad.

As I approached the entrance, I saw a group of people standing outside. They were all looking at their watches, some looking frustrated. I joined the line, feeling a bit out of place. The building was old and grand, with a large clock tower that stood out against the grey sky. The entrance was a wide archway, and I felt a sense of anticipation as I walked through it.

The interior of the building was vast and open. The ceiling was high, and the walls were made of dark stone. The floor was polished and reflected the light from the chandeliers. I walked through a series of hallways, each one more ornate than the last. The air smelled of old wood and fresh flowers. I felt a sense of wonder and awe as I explored the building.

I finally reached a large room with a high ceiling and a large chandelier. The room was filled with people, all of whom were looking at me with interest. I felt a bit nervous, but I forced a smile and walked towards the center of the room. A man in a tuxedo stepped forward and greeted me. He was tall and thin, with a friendly smile. He led me to a table and introduced me to a group of people.

The group consisted of men and women of various ages, all of whom were dressed in formal attire. They all seemed to be in good spirits, and I felt a sense of belonging as I joined them. We talked and laughed, and I felt a sense of joy that I hadn't felt in a long time. The night was long, and I didn't want to leave. But when the music stopped, I knew it was time to go.

I said goodnight to everyone and walked back towards the entrance. As I stepped out of the building, I felt a sense of relief. The cold air was still there, but it didn't feel so bad anymore. I looked back at the building one last time, and I felt a sense of pride. I had just been to a wonderful party, and I was going to tell everyone about it.

and subcommittees, provide the Surgeon General with direct contact with the advice and recommendations of the state health officers, mostly on program and grant-in-aid matters.

In addition to operating 23 marine hospitals (two of which specialize in tuberculosis) for the general inpatient care of a dozen or more classes of beneficiaries (including principally merchant seamen, Public Health Service and Coast Guard officers and enlisted men, lepers and narcotic addicts, Coast Guard dependents, and Bureau of Employees' Compensation cases), outpatient care is provided through clinics in each hospital and at the offices of approximately one hundred designated physicians in communities where there are no marine hospitals. Freedmen's Hospital for the general medical care of negro residents in Washington is organizationally within the Public Health Service, although it is the teaching facility of Howard University, a federally aided corporation supervised by the Federal Security Agency.

In June 1948 the 23 marine hospitals, two mental hygiene hospitals and the Leprosarium had 7,300 patients in 10,240 beds.

	Hospitals	Capacity	Number of Beds Operating	Patients Remaining
<hr/>				
TOTAL	<u>26</u>	<u>9,143</u>	<u>10,240</u>	<u>7,300</u>
Marine general hospitals	21	5,752	6,598	4,538
Marine tuberculosis hospitals	2	487	537	425
Leprosarium	1	454	538	404
Mental hygiene hospitals	2	2,450	2,567	1,933

During the fiscal year 1948, 444,700 outpatients were treated and an estimated 161,000 physical examinations given. Almost 60 percent of the outpatients treated and nearly half of the physical examinations were handled in outpatient departments of the hospitals.

The mental hygiene work of the Public Health Service consists largely of promotional activities and the supervision of two mental hospitals. The recent National Mental Health Act of 1946 (Public Law 487, 79th Congress) created a special advisory council and authorized a National Institute of Mental Health for research in mental illnesses, training grants to augment the national shortage of specialized mental health personnel, and grants-in-aid for the encouragement of mental health clinics.

Quarantine officers, to prevent the importation of dangerous communicable diseases and vectors, work out of 219 ports. They inspect passengers, crews, cargo and water, air and land transport vehicles arriving in this country. Examinations of prospective immigrants are conducted at ports abroad and at points of arrival in this country, on behalf of the Immigration and Naturalization Service.

The Randolph Federal Employees Health Act of 1946 (Public Law 658, 79th Congress) authorized federal agencies to establish industrial-hygiene type medical services for their employees. Requests to the Service to undertake the actual operation of such clinics (reimbursable) have reached 17 health units for most of the Washington agencies. The services are limited to treatment of on-the-job illnesses and dental emergencies, pre-employment and other physical and mental examinations, referrals to private physicians and dentists, and limited preventive measures.

The Public Health Service details medical, dental and nurse officers to provide direct services to the officers and enlisted men of the Coast Guard, inmates of federal penal and correctional institutions, trainees of the Maritime Commission and the Merchant Marine Cadet Corps, the Bureau of Indian Affairs, Foreign Service Division, Bureau of Employees' Compensation, Office of Vocational Rehabilitation, and Social Security Administration.

Most of the health grants-in-aid to states are administered by the Bureau of State Services. In addition to grants-in-aid, services to states include consultations, demonstrations, training, and the compilation and exchange of information. Although the technical content of some programs is formulated in other bureaus (mental hygiene, cancer and stream pollution control), the management of all financial and administrative matters relating to grants is done in a single Bureau.

In addition to grants-in-aid for such categorical programs as venereal disease, tuberculosis, hospital facilities, and industrial hygiene, the Service also makes continual studies to improve existing preventive and treatment methods, confers with state and local health officials on more effective organization and use of existing knowledge, lends trained personnel to states, conducts demonstrations, gathers and publishes statistical data, and works in collaboration with public and private groups.

The main job of the Atlanta Communicable Disease Center, successor to the malaria control center, is to assist state and local authorities

in the intra-state control of insect and animal-borne communicable diseases, particularly at present malaria, typhus and hookworm. Supplies, equipment, personnel and technical aid are provided to the states. It also maintains several semi-mobile field stations, a specialized laboratory for plague suppression for field and laboratory investigations, demonstrations with mobile and other units, DDT spraying and dusting, training of personnel, and preparation of films and posters.

Within the last few years two special aid projects have been organized, one for the rehabilitation of health facilities and services in the Philippine Republic and the other for the development of health and sanitation services in the Territory of Alaska. The former will involve over \$5,000,000 in a four-year period and the latter is just beginning with a \$1,115,000 appropriation for fiscal 1949. In both cases the aid will be largely in the form of grants for training personnel and for supplies and equipment, and the provision of technical advice and guidance.

Over \$40 million was distributed to states as grants-in-aid in fiscal 1948, as follows:

TOTAL	<u>\$43,856,805</u>
Venereal disease control	13,953,993
General health services	11,217,039
Tuberculosis control	6,790,000
Cancer control	2,500,000
Hospital survey	574,140
Hospital projects authorized	5,827,633
Mental health	3,000,000

is the first time in the history of the United States that a President has been elected by a woman. This is a historic moment for the United States and for the world. The President-elect, Mrs. Woodrow Wilson, is the first woman to be elected President of the United States. She is also the first woman to be elected President of the United States. This is a historic moment for the United States and for the world. The President-elect, Mrs. Woodrow Wilson, is the first woman to be elected President of the United States. She is also the first woman to be elected President of the United States.

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Over 500,000 people attended the inauguration ceremony in Washington, D.C. The ceremony was held on March 4, 1953. The President-elect, Mrs. Woodrow Wilson, was inaugurated as the first woman President of the United States. This is a historic moment for the United States and for the world.

TOTAL	
10,000,000	10,000,000
2,000,000	2,000,000
1,000,000	1,000,000
500,000	500,000
250,000	250,000
125,000	125,000
62,500	62,500
31,250	31,250
15,625	15,625
7,812	7,812
3,906	3,906
1,953	1,953
976	976
488	488
244	244
122	122
61	61
30	30
15	15
7	7
3	3
1	1
0	0

[Another \$20 million of grants-in-aid for maternal and child health, for crippled children's services, and for the terminal phases of the wartime Emergency Maternity and Infants Care program, are administered by the Children's Bureau of the Social Security Administration. An additional \$2,171,000 in grants to states, part of which is for health and medical services, is administered by the Office of Vocational Rehabilitation⁷.

The National Institutes of Health, headquartered in nine buildings in Bethesda, Maryland, but with several field stations elsewhere, are the principal research unit of the Public Health Service. The intramural program of the Institutes is primarily in basic and background research in the medical and biological sciences but there is also an extensive program of grants-in-aid to individual scientists and laboratories for research projects and for advanced training. A central division administers all grants and fellowships on advice from 21 advisory councils made up of approximately 250 scientists from universities and private laboratories from all over the country.

The National Institutes of Health are in the process of reorganization and enlargement into eight centers along the lines of the National Cancer Institute, which has been the largest single unit since 1937. An Experimental Biology and Medicine Institute was established in 1947 to include work in chemistry, biochemistry, nutrition, pharmacology, and pathology. A Laboratory of Physical Biology in the process of organization will carry on research in

There has been considerable discussion in the past of the
 various factors which enter into the determination of the
 value of a property, and it is not surprising that the
 subject has been treated in many different ways. It is
 the purpose of this paper to present a summary of the
 various methods which have been used for the valuation of
 property, and to discuss the relative merits of each.

The first method which is mentioned is the method of
 cost. This method is based on the principle that the
 value of a property is equal to the cost of the property
 plus the cost of the improvements. This method is
 often used for the valuation of real estate, and it is
 also used for the valuation of personal property. The
 second method which is mentioned is the method of
 market value. This method is based on the principle
 that the value of a property is equal to the price
 which it would fetch in the market. This method is
 often used for the valuation of real estate, and it is
 also used for the valuation of personal property. The
 third method which is mentioned is the method of
 income. This method is based on the principle that
 the value of a property is equal to the present value
 of the income which it will produce. This method is
 often used for the valuation of real estate, and it is
 also used for the valuation of personal property.

The fourth method which is mentioned is the method
 of replacement cost. This method is based on the
 principle that the value of a property is equal to the
 cost of replacing the property with a new one of the
 same kind and quality. This method is often used for
 the valuation of real estate, and it is also used for
 the valuation of personal property. The fifth method
 which is mentioned is the method of liquidation value.
 This method is based on the principle that the value
 of a property is equal to the amount which it would
 fetch if it were sold in a liquidation. This method is
 often used for the valuation of real estate, and it is
 also used for the valuation of personal property.

high and low energy radiation, molecular physics, cell metabolism, viruses and large proteins, membrane functions, and high altitude biology, in some of which work there will continue to be collaboration with the Oak Ridge Laboratory of the Atomic Energy Commission. A new Microbiological Institute has been blueprinted to concentrate on the growth and metabolism of microorganisms and to absorb the work of existing laboratories in infectious diseases, including the Rocky Mountain Laboratory at Hamilton, Montana, in tropical diseases, and in biologics control. The present Biologics Control Laboratory is engaged primarily in research and testing incident to the regulation and inspection for safety, purity, and potency of vaccines, serums and other biologics in interstate commerce. The inspection of manufacturers' laboratories and the routine testing of specimens of manufactured biologics are essential to licensing of the laboratories by the Federal Security Administrator.

Recent legislation authorized separate institutes for research in heart diseases (Public Law 655, 80th Congress), dental diseases (Public Law 755, 80th Congress) and mental illnesses and a 500-bed clinical research hospital.

In addition to those staff or technical services which serve all the units of the Service, the Office of the Surgeon General includes an assortment of divisions which do not conveniently fit into other bureaus. This has been one of the focal points of the Surgeon General's Committee on Organization which has been reviewing the internal organization of the entire Service for several months.

The chief medical officer of the Coast Guard is nominally attached to this office and it also includes a new Health Emergency Planning Unit (for disaster and emergency planning in cooperation with other federal agencies) and the intramural Research Planning Council. At present separate units also exist for staff leadership and direction in dentistry, sanitary engineering, nursing, vital statistics, statistical research and planning, international health relations, and other more typical staff services as commissioned officers, personnel, budget and finance, purchase and supply, and management services.

The Public Health Service obligated in fiscal 1948 \$126.7 million, of which nearly \$43.9 million was distributed to states for public health work and about \$15 million allocated to extramural research grants and fellowship training. There were 1,289 (1,043 commissioned) physicians, 202 (199 commissioned) dentists and 1,951 (473 commissioned) nurses employed, including 123 physicians, 49 dentists and 24 nurses on detail to other agencies.

4. Department of Navy Medical activities in the Navy date back to the commissioning of the first American fleet in 1775. A Surgeon General was authorized in 1841 and the Bureau of Medicine and Surgery created in 1842. Between 1898 and 1912 an enlisted force, a medical school, a Nurse Corps, and a Dental Corps were established. The Army-Navy Medical Service Corps Act of 1947 (Public Law 337, 80th Congress) gave corps status to hospital specialists, research scientists and other supportive scientific personnel,

The medical department now consists of a Medical, Dental, Medical Service, Nurse, and Hospital Corps (enlisted personnel). Internally, the Bureau of Medicine and Surgery consists of the Chief, his Deputy, General Inspectors for the Medical Department and the Dental Service, four administrative divisions (Administration, Finance, Medical Statistics, and Publications), and five Assistant Chiefs for research and medical military specialties, personnel and professional operations, dentistry, planning and logistics, and aviation and operational medicine.

The functions of the Bureau of Medicine and Surgery consist of the establishment of physical and mental standards for selection and training of naval personnel, of Navy and Marine Corps personnel, including the care of sick and injured, the procurement, training, administration and assignment of all medical personnel, and the operation of naval hospitals, medical supply depots, laboratories and technical schools. The Chief of the Bureau is a technical advisor to the Secretary of the Navy and to the Chief of Naval Operations.

The organizational position of the Surgeon General of the Navy is considerably stronger than that of the Surgeon General of the Army because of the difference in fundamental philosophy of the principle of command. The Navy concept of command recognizes command as having four components (military command, technical control, coordination control, and management control), whereas the Army concept is limited to military command alone. Accordingly, the Surgeon General of the Navy exercises direct military command over some medical installations,

technical control over all medical activities and medical personnel, and management control over all medical installations. Moreover, except for pay and routine travel, the Surgeon General of the Navy budgets for and controls approximately 80 percent of the medical expenditures of the Navy.

The primary duty of the Bureau of Medicine and Surgery is to provide medical services for the officers and enlisted men of the Navy and Marine Corps. In addition medical care is provided to dependents of Navy and Marine Corps personnel and to other supernumeraries, such as Navy civilian employees and Navy contractors and their dependents at overseas stations, fleet reserve and retired personnel, and widows (not including children) of active duty personnel killed in action. The gross total of all these beneficiaries, world-wide on June 30, 1948 was slightly more than one million, including 492,771 active duty personnel. Nearly 735,000, including 268,419 active duty personnel, were in continental United States.

On June 30, 1948, the total active duty strength of the Navy and Marine Corps totaled 492,577. The strength of the Medical Department was as follows:

Medical Corps	2,497
Dental Corps	956
Medical Service Corps	812
Nurse Corps	1,952
Hospital Corps (enlisted)	15,002
Civilians	8,700

The 2,718 medical officers on duty on September 1, 1948 was 485 less than the official Navy requirements, based on 6.5 medical officers per 1,000 active duty personnel in the Navy and Marine Corps (Public Law 381, 80th Congress). Through resignations and the expiration of the period of obligated service of graduates of the V-12 program the Navy will lose 600 medical officers by July 1, 1949. At the same time the active duty strength of the Navy and Marine Corps is expected to increase to 592,000 by July 1, 1949. Thus a deficit, according to the standard of 6.5 per 1,000 strength, will be over 1,700 medical officers. Although the Navy efforts have not been as extensive as those of the Army, the Navy has made some efforts in the direction of increasing the attractiveness of the Medical Corps, but the result has been identical, namely voluntary recruitment efforts have failed to enlist an appreciable number. Like the Army, the Navy faces the necessity of drafting physicians to more nearly meet their minimum needs. Although not as great numerically, an even more acute shortage of dental officers exists now and will exist on July 1, 1949.

As of July 1, 1948 the Navy was operating 127 hospital facilities in the continental United States (26 hospitals, 101 dispensaries) with an operating capacity of 24,502 beds. The hospitals ranged in size from 150 to 1,750 beds and the dispensaries from four to 522 beds. In addition, the Navy has two hospital ships.

In addition to the research contracts administered by the Office of Naval Research, medical research is conducted in several installations of the Bureau of Medicine and Surgery, especially the Naval

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Medical Research Institute at Bethesda, Institute of Tropical Medicine on Guam, the Medical Field Laboratory at Camp Lejeune, and a research unit at Great Lakes, Illinois, specializing in rheumatic fever and streptococcal diseases. Research under the technical control of the Bureau is also in progress at installations under other commands, such as Medical Research Laboratory at New London (Bureau of Ships), Experimental Diving Unit at Naval Gun Factory (Bureau of Ships), School of Aviation Medicine at Pensacola, Aero-Medical Laboratory at Philadelphia, and the Physiological Test Section at Patuxent (Bureau of Aeronautics). Research is also supported in Naval hospitals and at training stations.

The appropriation of \$37,500,000 in fiscal 1948 for medical and hospital services does not include all items fairly chargeable to the Medical Department. The Navy estimated that the total cost in fiscal 1948 was \$88,384,982 (including \$4,440,292 for the Office of Naval Research).

III. SUMMARY OF PRESENT HEALTH ACTIVITIES BY AGENCY

B. Other Federal Agencies

1. Executive Office of the President
 - a. National Security Resources Board
 - b. Interdepartmental Committee on Scientific Research and Development
 - c. Bureau of the Budget
2. Department of State
 - a. Office of International Trade Policy
 - b. Office of the Foreign Service
 - c. Institute of Inter-American Affairs
3. National Security Establishment
 - a. Research and Development Board
 - b. Office of Naval Research
4. Department of Justice
 - a. Bureau of Prisons
 - b. Immigration and Naturalization
5. Department of Labor
 - a. Bureau of Labor Standards
6. Department of Treasury
 - a. Bureau of Narcotics
 - b. Coast Guard
7. Department of Commerce
 - a. Civil Aeronautics Administration
8. Department of Agriculture
 - a. Agricultural Research Administration
 - b. Farmers Home Administration
 - c. Farm Credit Administration
 - d. Production and Marketing Administration
 - e. Cooperative Extension Service
 - f. Bureau of Agriculture Economics
 - g. Office of Personnel
9. Department of Interior
 - a. Bureau of Indian Affairs
 - b. Fish and Wildlife Service
 - c. Bureau of Mines
 - d. Bureau of Reclamation
 - 1) Hoover Dam
 - 2) Grand Coulee Dam

THE UNIVERSITY OF CHICAGO
DIVISION OF THE PHYSICAL SCIENCES
DEPARTMENT OF PHYSICS
530 SOUTH EAST ASIAN AVENUE
CHICAGO, ILLINOIS 60607
TEL. 373-5400
FAX 373-5400
WWW.PHYSICS.UCHICAGO.EDU
PHYSICS 101
LECTURE 1
1.1 THE SCIENTIFIC METHOD
1.2 MEASUREMENT
1.3 UNCERTAINTY
1.4 VECTORS
1.5 KINEMATICS
1.6 DYNAMICS
1.7 ENERGY
1.8 MOMENTUM
1.9 ROTATION
1.10 OSCILLATIONS
1.11 WAVES
1.12 OPTICS
1.13 ELECTRICITY
1.14 MAGNETISM
1.15 MODERN PHYSICS

10. Federal Security Agency
 - a. Bureau of Employees' Compensation
 - b. Food and Drug Administration
 - c. Office of Vocational Rehabilitation
 - d. Howard University and Freedmen's Hospital
 - e. Social Security Administration, Children's Bureau
 - f. St. Elizabeths Hospital
 - g. Office of Education
11. Tennessee Valley Authority
12. Federal Trade Commission
13. Civil Service Commission
14. Atomic Energy Commission
15. Maritime Commission
16. Federal Works Agency
17. War Assets Administration
18. Selective Service System
19. Post Office Department
20. Housing and Home Finance Agency

General Principles of Law

- 1. The law is a system of rules and principles which govern the conduct of men and women in a community.
- 2. The law is a social institution which is created by the community and which is enforced by the community.
- 3. The law is a moral standard which is based on the principles of justice and equity.
- 4. The law is a practical standard which is based on the principles of utility and expediency.
- 5. The law is a political standard which is based on the principles of power and authority.
- 6. The law is a religious standard which is based on the principles of faith and belief.
- 7. The law is a philosophical standard which is based on the principles of reason and logic.
- 8. The law is a scientific standard which is based on the principles of observation and experiment.
- 9. The law is an artistic standard which is based on the principles of imagination and creativity.
- 10. The law is a spiritual standard which is based on the principles of love and compassion.

Principles of Law

- 1. The principle of justice is the principle that every person should be treated fairly and equitably.
- 2. The principle of equity is the principle that every person should be treated according to their individual circumstances.
- 3. The principle of utility is the principle that every person should be treated in a way that maximizes the overall happiness of the community.
- 4. The principle of expediency is the principle that every person should be treated in a way that is most practical and convenient.
- 5. The principle of power is the principle that every person should be treated in a way that reflects their relative power and authority.
- 6. The principle of faith is the principle that every person should be treated in a way that is consistent with their religious beliefs.
- 7. The principle of reason is the principle that every person should be treated in a way that is based on logical reasoning.
- 8. The principle of observation is the principle that every person should be treated in a way that is based on empirical evidence.
- 9. The principle of imagination is the principle that every person should be treated in a way that is based on creative thinking.
- 10. The principle of love is the principle that every person should be treated in a way that is based on compassion and empathy.

1. Executive Office of the President

- a. National Security Resources Board The National Security
Medical Division Resources Board, estab-

lished by the National Security Act of 1947 (Public Law 253, 80th Congress) is part of the Executive Office of the President. The Board is composed of a chairman, appointed from civilian life by the President with the consent of the Senate, and representatives of federal agencies as designated by the President. A chairman was named on September 26, 1947, and in Executive Order 9905, the President appointed as members the Secretaries of Treasury, Defense, Interior, Agriculture, Commerce and Labor, to which the Secretary of State was later added (Executive Order 9931).

The purpose of the Board is to advise the President on the coordination of military, industrial and civilian mobilization on such broad problems as manpower, natural and industrial resources, relocation of facilities, and implications of mobilization to the civilian economy. Within the Bureau of Human Resources a Medical Division has been established and, although its official mission has not been formalized, a small technical staff has been organized to consider resources and mobilization problems in areas of medical manpower, medical supplies, physical health facilities, sanitary engineering, and nursing. An advisory committee has recently been appointed. The medical program is still in process of formulation.

During fiscal year 1948 the activities of the Board were financed by a transfer of funds from the Army and Navy. For fiscal year 1949,

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the President's request for \$4.5 million was reduced by Congress to \$3 million, of which approximately \$60,000 has been allocated to the Medical Division.

b. Interdepartmental Committee
on Scientific Research and
Development

Executive Order 9912,

December 24, 1947, estab-

lished the Interdepartmental

Committee on Scientific Research and Development as recommended by the President's Scientific Research Board (Steelman Committee). The essential finding of the Board was that the existing agencies for the broad promotion and for the coordination of scientific research in federal agencies were inadequate. The Committee was established to study and to recommend ways and means of improving the effectiveness of federal research and development. It has no operating responsibilities.

The Committee is composed of representatives of the Departments of Agriculture, Commerce, Interior, Army, Navy, Air Force, National Military Establishment, and of the following independent agencies: Federal Security Agency, Atomic Energy Commission, Veterans Administration, National Advisory Committee for Aeronautics, and the Smithsonian Institution. The chairman of the Committee, designated annually by the President, is authorized to establish subcommittees which may include persons from outside the federal government. Subcommittees, including nongovernmental members, have been created on Scientific Personnel, Selective Service, Budgetary Procedures, and Grants and Contracts.

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The Committee has held only a few meetings and had no budget during fiscal 1948. It had only such staff services as the members and subcommittee chairmen contributed on a volunteer basis.

c. Bureau of the Budget The Bureau of the Budget was established in 1921 to act as a staff agency to the President and, specifically, to prepare the annual budget for the Executive Branch (with authority to revise, reduce or increase estimates submitted) and to make detailed studies of the departments and agencies to effect economy and improve efficiency.

Among the major divisions of the Bureau are the Administrative Management Division and the Estimates Division. The Estimates Division is organized on an agency basis so that the same group of budget examiners hear and pass on the budget requests of the same agencies year after year, thereby becoming quite familiar with the organization, functioning, program objectives and needs of the operating agencies. The only unit of the Estimates Division which is organized on a functional basis is the Hospital Branch which has responsibility for both budget review and the coordination of the hospital programs. The Hospital Branch not only reviews estimates but also has a staff for analysis of administrative management problems in medical and hospital services.

During the fiscal year 1948 the Hospital Branch had 18 employees, 11 of whom were administrative and budget analysts. The 1948 budget was \$109,500.

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2. Department of State

a. Office of International Trade Policy

A Health Branch in the Division of Labor, Social and Health

Affairs was established in 1945 to provide a mechanism for carrying on United States interests in the international health work formerly handled by the health organization of the League of Nations and to fill the interval until the creation of a new official international health organization. This Branch is essentially the official center of the State Department in health matters and its most important work has been connected with the development of the World Health Organization.

The staff of the Health Branch consists of two medical officers, detailed from the Public Health Service, two assistants and a secretary. Its budget is not segregable from other activities of the Division but is very small.

b. Office of the Foreign Service

Prior to the amendment of the Foreign Service

Act in 1946 (Public Law 724) authorizing the Secretary of State to pay for medical and hospital treatment, patient transportation, periodic physical examinations, inoculations and vaccinations of Foreign Service officers and employees, the staff of the United States missions abroad were without any authorized system of medical care.

During 1947 a Public Health Service officer was detailed to the State Department as Medical Director of the Division of Foreign Service to organize a program of medical and hospital care for personnel of embassies, legations and consulates of the Foreign Service, and for

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employees of other federal agencies on foreign duty. The first appropriation of \$190,000 was made for the fiscal year 1949.

c. Institute of Inter-American
Affairs

The Institute of Inter-

American Affairs has had

an intricate legislative and corporate history. Created originally under the laws of Delaware in March, 1942, pursuant to authority from Congress, in order to carry out a resolution for the "improvement of health and sanitary conditions", adopted at the Rio Conference in January, 1942, the Institute became a part of the office of the Coordinator of Inter-American Affairs during the war. It was reincorporated in August, 1947 (Public Law 369) for three years unless sooner dissolved by act of Congress.

The essential program of the Institute in health and sanitation has been the lending of financial aid and trained and experienced personnel for the planning, construction and operation of such projects as hospitals, health centers, laboratories, nursing schools, water supply systems, malaria control projects and other community sanitation work. From its inception through March, 1948, nearly 1,900 special projects or "activities" were inaugurated; more than two-thirds had been completed and 637 were still active. Agreements have been made with all American Republics except Argentina, and work was still in progress in 14 countries in March 1948.

Originally, emphasis was placed on work in strategic areas such as those in which critical materials were produced or near where United States military forces were located; later the con-

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Figure 1. The effect of the concentration of the *Agrobacterium* suspension on the transformation efficiency of *Agrobacterium* strains. The *Agrobacterium* strains were grown in the medium containing 100 mg/l of tetracycline. The cell concentration of the *Agrobacterium* suspension was adjusted to 100 cells/ml. The cells were then mixed with the plant cells and the transformation efficiency was determined. The results are shown as the mean \pm SD of three independent experiments.

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struction of physical plants for hospitalization, malaria control, and sanitary facilities were given priority; more recently the program has concentrated on service projects, including demonstration centers, the control of special diseases and the training of professional and technical personnel. In addition to organizing and conducting local training courses, over 1,100 professional nationals have received grants for study in this country.

On June 30, 1948 Field Parties at work on Institute projects included 127 United States citizens, of whom 13 were physicians, 38 were engineers, and 30 were nurses. The Washington office of the Health and Sanitation Division consisted of approximately 20 persons for the review of agreements, control of expenditures, and the receipt and analysis of monthly reports.

From the beginning of the program in March, 1942, through June, 1950, the presently anticipated termination date, it is estimated that the Institute will have expended approximately \$54,000,000 under bilateral health agreements. The program has been scaled down to an average annual expenditure of approximately \$6,000,000 during fiscal years 1947 and 1948. Anticipated expenditures for fiscal year 1949 are \$2,990,819, including \$94,733 for administrative and travel expenses. At the outset the Institute contributed the greater — even entire — share of the funds for each project but it has been the studied policy to bring about a graduated decrease in the contributions of the United States with a corresponding increase on the part of the other governments.

3. National Security Establishment 1/

a. Research and Development Board

The Research and Development

Board is the successor in law

of the Joint Research and Development Board, created by joint directive of the Secretaries of War and of the Navy in 1946, and of the unliquidated activities of the wartime Office of Scientific Research and Development under the terms of Executive Order 9913, December 26, 1947. Its purpose is to advise the Secretary of Defense on scientific research in relation to national security, including specifically the preparation of an integrated research program, measures for the coordination of research work and programs among the military departments, and recommendations on the relationship of research and development. Immediately, the several committees are advising the armed forces on the content and method of accomplishing their research program.

The Board functions through a limited secretariat and 16 advisory committees, including a Committee on Medical Sciences. The Committee on Medical Sciences follows the standard pattern of three civilian members, including the chairman, and two representatives from each of the three military departments. The Public Health Service, Veterans Administration, and the National Research Council have been invited to designate associate members. The Committee staff

1/ The Medical Departments of the Army, including Air Force, and of the Navy are discussed above (page 77) under Major Federal Agencies.

includes a secretariat consisting of three civilians, and one representative from each of the armed services. Funds for the Board were provided from Army and Navy funds during fiscal year 1948; in the fiscal year 1949, out of an appropriation of \$1,776,929 for the Board the estimated allocation to the Committee on Medical Sciences will be \$75,000.

b. Department of Navy
Office of Naval Research

Originally authorized by
order of the Secretary in

May, 1945, the Office of Naval Research was formally established by law in August, 1946 (Public Law 588) in the Office of the Secretary of Navy. The principal executive officer, the Chief of Naval Research, is appointed by the President from within the Naval Service. At least one of the 15 members of the civilian Naval Research Advisory Committee, appointed by the Secretary, must come from the field of medicine. The operating programs of the Office are directed by three assistant chiefs through nine divisions, one of which is the Division of Medical Sciences. This Division, in turn, has branches directly supervising its work in physiology, biochemistry, microbiology, psychology, human ecology, biophysics, and dentistry.

The Office of Naval Research does not operate or manage any research facilities. Its functions are advisory to all branches of the Navy, including the Bureau of Medicine and Surgery, and it is the central contracting unit for all Naval research with individuals or institutions, principally industrial laboratories and colleges

and universities. All proposed research projects in the medical sciences, both by Navy offices seeking to inaugurate studies and by outside scientists seeking support, are submitted to the Division of Medical Sciences for advice and evaluation. The Division evaluates the proposals either through its own staff of about 25 persons, half of whom are professional, or refers them to the Bureau of Medicine and Surgery and/or the Naval Medical Research Institute for comment.

During fiscal year 1948 the Office of Naval Research spent \$2 million of their own funds, mostly in basic science research, and \$2.4 million transferred from other agencies. An estimated \$2 of the \$43.5 million appropriated to the Office of Naval Research for fiscal 1949 will be spent for medical science research.

4. Department of Justice

a. Bureau of Prisons At each of the 26 penal and correctional institutions, and in the Medical Center at Springfield (Missouri) operated by the Bureau of Prisons, a complete medical service is provided by personnel detailed by the Public Health Service on a reimburseable basis. The average prison population was 18,000 in the fiscal year 1948. There were 1,142 beds at the Springfield Medical Center and 1,063 beds in the infirmaries connected with the other institutions. The total prisoners handled during the year were nearly 34,000.

The medical program at each institution is necessarily complete and self-contained because of the impracticability of transferring prisoners to civilian or other federal hospitals.

The acute nation-wide shortage of psychiatrists has hampered the development of care in these institutions and efforts are being made to get residencies in neuropsychiatry at the Springfield Medical Center approved.

At the end of July, 1948, 350 detailed personnel from the Public Health Service were on duty at federal penal and correctional institutions, including 53 medical officers, 22 dental officers, 22 nurses and seven psychologists.

Congress appropriated \$1,497,000 to the Department for medical and hospital services for fiscal 1949 of which \$1,356,850 was marked for transfer to the Public Health Service. Estimated obligations for fiscal 1948 were \$1,486,645.

b. Immigration and Naturalization Service

The Bureau of Immigration, originally established in

1891, was transferred to the Department of Justice in 1940.

The Immigration and Naturalization Service performs no direct medical or health services. Immigrant aliens are given examinations at ports of entry by the Foreign Quarantine Division of the Public Health Service. During the fiscal year 1947, 571,000 aliens were examined.

Immigration and naturalization patients are hospitalized on a reimburseable basis in the hospitals of the Public Health Service. During fiscal year 1948, 1,714 immigrant aliens were hospitalized. Alien immigrants are also given outpatient care and physical examinations at Public Health Service stations.

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Journal of Management Studies, 19(1), 67-80.

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5. Department of Labor

a. Bureau of Labor Standards

The Safety Standards branch of the Bureau of Labor Standards gives

technical advice and assistance on request to trade associations, labor organizations and trade unions on safety codes and problems, publishes training and safety bulletins, and pamphlets on chemical hazards. Its functions are wholly advisory; it has no operating responsibilities. In fiscal year 1948 its estimated obligations were \$53,220 of the Division's estimated \$342,900. The staff is composed of seven permanent employees.

6. Department of Treasury

a. Bureau of Narcotics

The Bureau of Narcotics was

established in 1930. It conducts

investigations for the detection and prevention of violations of the laws relating to narcotic drugs and marihuana; determines, in cooperation with the Public Health Service, the quantities of crude opium and coca leaves to be imported for medical and other legitimate uses; issues permits to import the crude drugs and to export the drugs and derivative preparations; cooperates with the Department of State in international obligations concerning the drug traffic, particularly the Narcotic Limitation Convention of 1931; cooperates with state and local enforcement agencies in suppressing abuses of narcotics and marihuana.

During the fiscal year 1948 the Bureau obligated approximately \$1,430,000 through a total staff numbering 292, of which 225 are assigned to the Bureau's 16 field stations in the United States and Hawaii.

b. Coast Guard

The Coast Guard is a unit of the Treasury Department during peacetime but is integrated into the Navy during war. The total Coast Guard strength approximates 20,000 men, including 2,600 officers, and a small Hospital Corps of about 200.

All medical and hospital services are either arranged for or furnished by the Public Health Service. Coast Guard personnel receive medical and dental treatment and hospitalization at the marine hospitals and outpatient facilities of the Public Health Service and through contract hospitals and designated physicians. Coast Guard dependents are eligible for medical care on the same basis as Navy personnel. During the fiscal year 1948, 7,070 Coast Guard personnel were hospitalized; 36,329 received outpatient treatments and 12,663 were given physical examinations; 2,133 dependents were hospitalized and 15,788 dependents received outpatient care.

Medical and hospital care for Coast Guard personnel and dependents are not accounted for separately by the Public Health Service. The Coast Guard estimated its obligations for medical and hospital services at about \$600,426 during fiscal year 1948.

7. Department of Commerce

Civil Aeronautics Administration

The Medical Division of the

Office of Aviation Safety

supervises physical examinations required of all civilian pilots. The examination of student and private pilots may be made by any qualified physician, and any except commercial pilots may be examined by some 2,500 designated private physicians. Examinations for commercial pilots may be made only by the 150 physicians who have had training as flight

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surgeons who have been designated by the Administrator.

For the fiscal year 1948, about \$195,000 was spent by the Medical Division by a staff of two physicians and three physiologists in the central office and a regional medical officer in each of the nine regions.

8. Department of Agriculture None of the constituent units of the Department of Agriculture has any responsibility for direct medical or hospital services, but several units are engaged in either research or regulatory activities which relate to health and for which an estimated \$16.5 million was expended in fiscal 1948.

a. Agricultural Research
Administration

Within the Bureau of Human
Nutrition and Home Economics

the Food and Nutrition Division conducts research concerned with the composition and nutritive value of foods, the nutritional and food requirements of man, improved methods of food preparation, and the economy and nutritional adequacy of family diets. The Family Economics Division's work includes efforts to improve standards of hygienic living within the home.

The Bureau of Animal Industry is concerned with the treatment and prevention of animal diseases, many of which directly affect the health of man. The Bureau administers federal animal quarantine and inspection acts which involve regulatory inspections of all meat intended for interstate shipment, control of biologics intended for treatment of animal diseases, examination of all livestock entering

the country, inspection and testing of animals intended for export, and the inspection and disinfection of animal by-products. There has been an outstanding record of discoveries in the transmission of diseases by insects, effect of bovine tuberculosis on man, including design of tuberculin tests, livestock diseases transmittable to man, such as trichinosis and other parasitic diseases, and such milk-borne diseases as undulant fever.

Because the research work of the Bureau is primarily pointed toward improvement of the health of livestock, it is not possible to segregate the portion of its expenditures which are even indirectly related to the public health. The annual expenditures for the Meat Inspection Service have more than doubled since 1940 and in fiscal year 1948 reached \$11 million, about \$5 million of which was received from nonfederal sources..

Since 1942 the Bureau of Agricultural and Industrial Chemistry has carried on research in chemistry, physics, and biology in relation to agricultural products and in efforts to find new uses for them. Its work in relation to health is incidental but has included significant discoveries in the increased production of penicillin, a new antibiotic tomatin, the development of subtilin and rutin, and the production of vitamins from agricultural products.

The Office of Experiment Stations, established in 1887, administers federal grants and research contracts for agricultural research. During fiscal 1948 more than 45 research projects in nutrition and in rural health were in progress from an appropriation of \$194,000 for research projects in the general field of health.

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Two major divisions of the Bureau of Dairy Industry, namely the Division of Nutrition and Physiology and the Dairy Products Research Laboratories Division, conduct chemical, bacteriological, nutritional and technological investigations in the production and handling of milk, dairy products, and the manufacture of renovated butter.

The Bureau of Entomology and Plant Quarantine, conducts research on insects which are vectors of human diseases and insect pests and plant diseases that threaten food production. The control of insects which carry malaria, dengue, typhus, filaria, plague, Rocky Mountain Spotted Fever, and various intestinal diseases are fundamental to health protection. Promising antibiotic agents have recently been found by the Division of Bee Culture in cooperative work with the Public Health Service. For fiscal year 1948 \$62,800 was appropriated for health and related activities.

The Bureau of Plant Industry, Soils and Agricultural Engineering, is engaged in research which touches health only, through its work on methods for the improvement of crop and soil management to supply a higher quality of food, feeds and vegetable oils, and on the cultivation of medicinal plants, condiments and insecticides.

b. Farmers Home Administration The primary function of the Farmers Home Administration is the extension of credit to low-income farmers. Loans may be used for the cost of medical care and helping the family to meet its needs in general health, sanitation, and health education, and until recently this agency provided a number of health services incident to making and servicing loans.

c. Farm Credit Administration

The health activities of
the Farm Credit Adminis-

tration are incidental to the assembling of information of specialized rural health cooperatives and other health programs in which farm cooperatives participate. In this capacity it collects and makes analyses of costs, benefits, and general effectiveness of prepaid medical service or medical insurance plans as used by rural cooperatives.

d. Production and Marketing
Administration

The Production and Marketing
Administration includes four

branches which provide services related to health: the Dairy Branch and the Poultry Branch develop standards and inspect foods for wholesomeness and purity; the Livestock Branch has regulatory powers over the manufacture of insecticides, fungicides, rodenticides and disinfectants; and the Food Distribution Programs Branch administers a school lunch program under which grants made to states for food and equipment purchases must be matched dollar for dollar. (During the fiscal year 1948, \$87.2 million was spent for the school lunch program, for grants to the states, and for direct operations.)

e. Cooperative Extension
Service

The Cooperative Extension Service
is the primary educational and

promotional unit of the Department and it is the distributing agent for all technical knowledge developed in the Department. Its principle educational efforts with respect to health are pointed toward food and nutrition, home and environmental sanitation, rural health services, and livestock disease control."

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f. Bureau of Agricultural
Economics

The work of the Bureau of
Agricultural Economics is al-

most entirely concerned with the compilation, study and reporting of agricultural statistics. In relation to health, data are gathered on farm accidents and their economic significance in relation to production, the distribution of physicians, dentists, and related health personnel in rural communities, available medical services, the incidence of disease and death rates in rural areas.

g. Office of Personnel

A Division of Employee Health

has recently been organized in the Office of Personnel to provide pre-employment physical examinations, emergency treatments for on-the-job illnesses, preventive services, and referral to other health agencies and to private practitioners of Department employees in need of health care.

9. Department of Interior

a. Bureau of Indian Affairs

The Bureau of Indian Affairs

exercises a trusteeship in behalf of, and provides nearly all public services including health and medical services to, an estimated 400,000 Indians in continental United States and 33,000 Indians, Eskimos and Aleuts in Alaska. The Division operates 58 hospitals and sanatoria, ranging from 10 to 335 beds, in United States and eight in Alaska. Eight additional domestic hospitals give only "limited" or outpatient service. The bed capacity of the continental hospitals is 3,864, of which 1,066 are tuberculosis beds. The present policy is to move toward closing the federal hospitals

Dear Sir,

London, 18th January 1871

I have the honor to acknowledge the receipt of your letter of the 14th inst.

in relation to the proposed alterations in the regulations of the Society. I have carefully considered the same, and I am glad to find that the alterations proposed are in accordance with the views of the Society. I have, therefore, no objection to the alterations being made, and I have no objection to the alterations being made, and I have no objection to the alterations being made.

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by increasing contracts with community hospitals and private physicians. Contracts are presently in effect with about 80 public and private hospitals. Infirmaries are operated at a number of Indian boarding schools. There is an almost universal lack of sanitary facilities, and an extremely high prevalence of venereal diseases, tuberculosis and trachoma.

The principal supervisory medical positions in the Washington and the four field offices are filled by officers detailed by the Public Health Service but the great majority of the hospital staff are recruited through the civil service. The medical program at present has 2,200 employees, of which 110 are full-time and 85 part-time physicians, 13 are full-time and five part-time dentists, and about 500 nurses. There is a chronic shortage of all professional personnel. For health and medical services the Bureau expended \$9,038,179 in fiscal year 1948; estimated obligations for 1949 are \$12,118,426.

b. Fish and Wildlife Service

The primary function of the Fish and Wildlife Service is the conservation of land and water mammals, fish, shellfish and birds, but it also carries on incidental health activities in such areas as stream and lake pollution, fish biology, and wildlife and fishery research. Although the Service has regulatory control over the issuance of permits for the importation of foreign wildlife, the regulations governing importation of disease-bearing birds and animals are formulated by the Public Health Service.

Research includes studies in the nutritive value of fish and fishery products, vitamins, the toxic properties of fish and shellfish, and the sewage pollution of shellfish areas.

The Service, incident to its work with the Alaska fisheries and the Pribilof Islands fur seal and fox herds, provides medical care to the inhabitants of the Islands (who are virtual wards of the government) and for the Service's own permanent employees there. The officers and crews of the vessels of the Service are entitled to complete medical, surgical and dental treatment and hospitalization at Public Health Service hospitals.

During the fiscal year 1948 the Fish and Wildlife Service obligated \$28,739 for medical care on the Pribilof Islands. One eight-bed hospital is maintained and two doctors, one dentist, and one nurse are employed.

c. Bureau of Mines In the health and safety field the activities of the Bureau of Mines are primarily preventive in character in that emphasis is placed on accident prevention. Research includes studies on dusts, toxic and explosive gases, and the development of respiratory protective devices.

One of six operating divisions of the Bureau, the Division of Health and Safety has separate organizational units on safety and on coal mine inspection located in Washington, and one on health with headquarters in Pittsburgh.

During fiscal 1947 nearly 30,000 persons were given training in first aid and mine rescue and over 2,000 miners were given mine safety and accident prevention courses. During the fiscal year 1948 the Bureau reported obligations of \$511,873 for medical hospital and related activities.

d. Bureau of Reclamation The health and medical activities of the Bureau of Reclamation consist only of the operation of two hospitals, at Hoover Dam and at Grand Coulee Dam.

1) Hoover Dam A small hospital at Hoover Dam in Boulder City, Nevada was built by the contractor during the construction of the Dam in the thirties. Upon completion of the Dam, the hospital was used by the National Park Service as a recreation center until it was taken over by the Bureau, reconverted and reopened as a hospital in March, 1944, to serve the wartime influx of population.

The Public Health Service continues to direct the operation of the hospital and is reimbursed by the Bureau of Reclamation. All medical care is rendered by private practitioners in the community, but the Service assigns a commissioned nurse officer and recruits personnel for about 30 other positions, including seven nurses. The hospital has 23 beds and six bassinets; the patient load during fiscal 1948 averaged 13.4.

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Patients are charged for hospitalization at fixed rates, but patient fees make up only about 45 percent of the operating costs. . During fiscal 1948 a deficit of \$65,405 was billed to the Bureau by the Public Health Service. The costs of operating the hospital are considered part of the costs of operating the power plants so that the gross funds accruing to the Bureau from the sale of power to the nine power allottees include the costs of the hospital. .

2) Grand Coulee Dam At the Grand Coulee Dam there is a small hospital, the Coulee Dam Community Hospital, which is operated by a private physician under contract with the Bureau of Reclamation. A temporary frame building with 20 to 25 beds, the hospital was built by the contractor for the construction workers and was intended to be operated only for the duration of the contract.

Patient fees, fixed by the Bureau of Reclamation, are \$1.00, less than comparable hospital fees charged in Spokane, the nearest big city. The Bureau pays an annual sum of \$36,000 out of appropriated funds toward the expenses of the hospital and the physician-contrctor defrays other expenses. During the fiscal year 1948, total operating costs were \$99,312.

10. Federal Security Agency^{1/}

a. Bureau of Employees' Compensation

The principal medical responsibilities of the Bureau of Employees' Compensation flow

from the act (Public Law 267, 64th Congress) under which all civil employees of the government are entitled to medical care for injuries sustained in the performance of duty. The care is furnished by federal medical officers and hospitals where practicable but the Bureau is authorized to engage nonfederal services.

The Bureau has no medical corps of its own in the field and it does not maintain any hospitals. All the professional personnel of the Bureau are officers of the Public Health Service on detail and the hospitals and dispensaries of that Service are available without charge to the Bureau, as are those of the Bureau of Indian Affairs. Army and Navy hospitals are generally used only for the treatment of civilian employees of those departments; Veterans Administration hospitals are normally used only for emergency cases. The Army, Navy and Veterans Administration are reimbursed by the Bureau.

More than 2,000,000 employees are covered by the terms of the Compensation Act. In fiscal year 1948 there were 79,010 nonfatal and 1,018 fatal injuries. The majority were among Army, Navy and Post Office Department employees. Public Health Service statistics show that during fiscal year 1948 they furnished 145,468 hospital

^{1/} Other than Public Health Service which is presented above (page 87) as one of the four major health agencies.

days, 186,015 outpatient treatments, and 20,165 examinations to Bureau beneficiaries.

During the fiscal year 1948 the Bureau obligated approximately \$2,900,000 for medical and hospital services and supplies of which \$1,800,000 was paid to nonfederal physicians and hospitals and about \$950,000 reimbursed to other federal agencies. An estimated \$1,700,000 represents the value of services delivered by the Public Health Health Service. This item is included in the budget of the Public Health Service.

b. Food and Drug
Administration

The Food and Drug Administration, a
unit of the Department of Agriculture

until 1940, is charged with the enforcement of the Food, Drug and Cosmetic Act, Tea Importation Act, Import Milk Act, Caustic Poison Act and Filled Milk Act. Through 16 field testing laboratories, each manned by a staff of chemists and inspectors, factories are inspected for sanitary conditions, raw materials and controls over compounding, processing, packaging and labeling commodities intended for interstate shipment. The more fully equipped Washington laboratory performs the more difficult analyses and assays and conducts research to establish improved methods of testing and evaluation for enforcement purposes. New drugs may only be offered for sale after their evaluation and acceptance by the Administration on the basis of their safety for use and sufficiency of manufacturers' controls. Because coal-tar colars, insulin, penicillin, and streptomycin do not lend themselves to the usual methods of enforcement, samples of each

manufactured lot are tested for purity and potency by the Food and Drug Administration before approval for distribution.

The obligations of the Administration for fiscal year 1948 were about \$4,815,700. The staff of approximately 925, two-thirds of whom are stationed in the field, includes bacteriologists, chemists, biologists, pharmacologists, veterinarians, microanalysts, physicians, and inspectors.

c. Office of Vocational
Rehabilitation

The Office of Vocational Reha-

bilitation formulates standards,

gives technical assistance, certifies funds for grants-in-aid to the states for vocational rehabilitation for persons handicapped by a permanent mental or physical disability caused by accident, disease or congenital defect. The states actually operate all programs. States are reimbursed for expenditures made in accordance with approved plans, as follows: all cost for war disabled civilians and the costs of administration and guidance and placement; 50 percent of the cost of other services including medical examinations, surgical and therapeutic treatment, hospitalization (not to exceed 90 days), prosthetic appliances, vocational training and maintenance. Examinations to determine eligibility are available at no cost to the disabled, and medical treatment is provided without cost where economic need is established. To be eligible for these services, the person must be of employable age, his disability must be an occupational handicap, and rehabilitation services must render him more employable.

During the fiscal year 1948 state rehabilitation agencies purchased medical examinations for 93,076 clients and psychiatric examinations for 2,098, and furnished prosthetic appliances to 16,967. Medical, psychiatric, surgical, dental and other treatments were purchased for 14,668 clients, hospitalization and related care were provided to 10,050, and physical and occupational therapy was furnished to 1,124. An index of the increasing demands for such services locally is seen in the fact that medical and related treatments were purchased for 36 percent more clients in fiscal year 1948 than in fiscal 1947, hospitalization increased 30 percent, and physical and occupational therapy increased 92 percent.

Appropriations for grants to the states in fiscal 1948 for all vocational rehabilitation activities totaled \$18 million, of which \$2.2 million was spent for medical examinations, treatments, hospitalization and prosthetic appliances.

The total staff numbers 115 of which 68 are professional personnel, including four medical officers on detail from the Public Health Service.

d. Howard University
Freedmen's Hospital

In 1867, Howard University organized a Medical Department

primarily for negroes. Now the School of Medicine includes separate colleges of medicine, dentistry, and pharmacy. The professional and educational services and educational services at Freedmen's Hospital are under the direction of the College of Medicine of Howard University, although the hospital is administered by the Public Health

Service. The hospital has 400 beds, an approved school of nursing, and a 150-bed tuberculosis annex. The total expenditures for fiscal 1948 were \$2,781,872.

e. Social Security Administration
Children's Bureau

The Children's Bureau
was created in 1912 to

make investigations and reports on problems of child welfare, particularly infant mortality, birth rates, and accidents and diseases of children. The Bureau provides to states expert consultant services on child health and development, administers federal grants-in-aid to states for maternal and child health and for crippled children's services, conducts research and makes reports on medical problems and on standards of maternal and child care. During the late war the Bureau also administered funds for the emergency care of wives and babies of men in the four lowest pay grades in the armed forces, including aviation cadets. This program was terminated in the spring of 1948.

In 1948, 60 of the approximately 200 employees in the Washington office of the Children's Bureau were engaged in the medical services programs. There were ten field offices of the Bureau (prior to the creation of Federal Security Agency regional offices on July 1, 1948).

In fiscal 1948, \$21 million was obligated by the Children's Bureau. For the fiscal year 1949 Congress has appropriated \$11,000,000 for grants-in-aid to states for maternal and child health services and \$7,500,000 for crippled children's services. Each of these appropriations is divided; one-half is distributed to the states on a 50-50

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matching basis and the other half (unmatched) is distributed on the basis of need. Approximately \$244,757 was appropriated for administrative expenses related to the medical services programs for fiscal year 1949.

f. St. Elizabeths Hospital Since its founding in 1855
for the "most humane and
enlightened curative treatment of the insane of the Army and Navy of the United States and of the District of Columbia", St. Elizabeths Hospital has also received patients from among beneficiaries of the Public Health Service, Indians under the Bureau of Indian Affairs, persons charged with federal crimes, expatriated American citizens from Canada, the mentally ill from the Canal Zone and the Virgin Islands, and members of the armed forces admitted prior to July 16, 1946.

Approximately 80 percent of all patients are residents of the District of Columbia. The Hospital is now an independent bureau in the Federal Security Agency, has 7,000 beds in sixty-odd buildings permitting the classification of patients. There is a training school for nurses and facilities for the training of medical students, dietitians, and social workers, and postgraduate courses for physicians and nurses in psychiatry. In the fiscal year 1948 the total obligations were approximately \$8,510,516 for a total personnel complement of 2,438, including 80 physicians and 266 nurses.

g. Office of Education The Office of Education collects
statistical and other data on the
instruction and administration of schools and colleges, advises and consults with school authorities, administers grants-in-aid for

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education, and conducts research in educational practices. Incident to these primarily educational activities, the Office naturally touches on health subjects and methods of promoting health education, including the encouragement of physical examinations for teachers and school children, assistance through grants in the training of school health workers and of teachers and practical nurses, and the conduct of health education conferences on school health programs.

The activities related to health are so small and so incidental to the other work of the Office of Education that it is impractical to try to allocate any specific percentage of the budget or staff to health.

11. Tennessee Valley Authority The Tennessee Valley Authority
was created by Congress in 1933
as an independent federal corporation. The need for a health and
medical services program for employees, arising out of the temporary
concentration of large groups in hazardous construction work, often
in isolated or remote areas, was recognized in the first year. The
first medical program, started at Norris Dam, has become a Division
of Health and Safety.

Under a Director of Health, the Division includes four service units for (1) employees' health, including medical services, safety, and industrial hygiene; (2) malaria control; (3) public health engineering; and (4) cooperation and administrative services, including nursing, health education and information.

Although the emphasis is on prevention, the program includes medical services for employees injured on the job and facilities for the care of employees and their families. Medical and safety services provided to employees include pre-employment examinations, periodic health examinations, and the maintenance of health records for each employee, immunization of employees against communicable diseases, emergency care for any service-connected illness or injury through first aid stations, field medical units, and base area-medical centers established at construction sites, health guidance for the employees and their families in finding medical services, and programs in safety and health education.

In cooperation with state and local governments and other federal agencies, the Tennessee Valley Authority conducts research in such problems as malaria control, stream pollution, and environmental sanitation and supports public health education in the states by financial aid and technical assistance.

During fiscal 1948 the Tennessee Valley Authority expended \$542,607 for all health activities. Approximately half this total went for public health and preventive medicine work, including \$16,393 as grants to states.

12. Federal Trade Commission Insofar as their activities touch medical matters, the Commission is active in preventing improper statements in the advertising of foods, drugs and cosmetics in interstate commerce. Its Bureau of Medical Opinions provides medical advice and scientific information

for the preparation of formal complaints and on the acceptance of stipulations, assist the legal staff in preparation for hearings and in obtaining expert testimony from scientific witnesses. The Director of the Bureau is the Commission's liaison officer with the Food and Drug Administration, Bureau of Standards, Public Health Service, Bureau of Animal Industry, and other agencies. The estimated obligations of the Bureau in fiscal year 1948 were \$35,100 of the Commission's estimated \$2,900,000. The authorized professional staff consisted of four, including the director, a chemist, and a physician; there is one vacancy.

13. Civil Service Commission

The Medical Division has no

important responsibilities for the provision of direct medical services; its work is almost entirely advisory and consultative to the other divisions of the Civil Service Commission and to personnel officers of the government agencies on such problems as physical standards for federal employment, criteria for retirement on grounds of disability, and formulation and administration of standards for professional positions in medicine, nursing and allied fields. The Division's 1948 workload consisted largely of approximately 22,000 medical actions in connection with disability retirement, and in passing on the physical qualifications of 33,000 individual cases referred by the agencies or appealed from agency decisions. Only an estimated 15 percent of the 1948 workload was in providing first aid and emergency medical service to the Commission's employees in Washington.

The staff of the Medical Division consists of 42 employees in Washington (10 physicians, three nurses, five other professional) and one medical director in each of the Commission's 14 regional offices. The Washington office budget of the Medical Division for the fiscal year 1948 was \$165,649.

14. Atomic Energy Commission The Atomic Energy Act (Public Law 585, 79 Congress) provides expressly for the improvement of the public welfare through the maximum utilization of atomic energy. While the functions of the Commission relate primarily to the development of atomic energy for military and industrial purposes, the research and disease control work of the Division of Biology and Medicine holds great promise and has a direct bearing on health and medical care.

There are four programs in the Division of Biology and Medicine:

(1) Medical and biological research is conducted on a large scale at the Commission's own installations, particularly at the national laboratories at Clinton (Oak Ridge), Brookhaven (Long Island) and Argonne (Chicago). (2) 175 fellowships in biology, medicine and health physics have been established. They are administered by the National Research Council. (3) Support is given to selected projects at nongovernmental institutions, five of which are administered directly by the Commission and 60 others by the Office of Naval Research for the Commission. (4) A broad cancer research program includes the distribution of radioisotopes for cancer research, support of cancer research at civilian institutions, establishment of cancer

research facilities at the Commission's laboratories, and support of the National Research Council Committee on Atomic Casualties.

For the fiscal year 1949 the Commission budgeted \$24.3 million for health and medical activities in comparison with \$15.1 million for the preceding year. During 1948 more than half (\$8.9 million) was for direct research activities in the Commission's laboratories, about one-quarter (\$3.4 million) for contracts with private laboratories, nearly \$2 million for medical care in the hospitals and clinics which serve the laboratory communities, and \$0.5 million for fellowship training. The remainder (\$0.4 million) was for administrative costs.

15. Maritime Commission Since 1938 the Maritime Commission
has operated five training facilities
and supervised five state maritime academies for the training of
both licensed and unlicensed personnel.

Detailed officers from the Public Health Service supervise the medical services in the training program on a reimburseable basis. The detailed personnel include seven medical officers, six dental officers, and one nurse officer. There are also two part-time civil service physicians. About 50 hospital corpsmen of the Maritime Service are also employed in the medical program.

About 3,000 trainees are eligible for medical services. There are small hospitals or infirmaries at each of the centers to a total of 143 beds, but 60 beds in three centers are not open. During fiscal year 1948, almost 7,000 inpatient days were furnished, and about 90,000 outpatient treatments.

The Commission estimates that during fiscal year 1948 the total cost of medical and health activities was \$269,350, including the pay of hospital corpsmen, the costs of health units and the cost of the hospital corps training course. In fiscal year 1949, the Public Health Service will purchase for the Commission through its regular supply system on a reimburseable basis.

16. Federal Works Agency Two of the units of the Federal Works Agency, the Public Buildings Administration and the Bureau of Community Facilities, are engaged in the construction and/or planning of health facilities.

The Public Buildings Administration plans, supervises construction, and keeps in repair (not including routine maintenance) all hospitals and buildings of the Public Health Service. During the fiscal year 1948, \$1,157,523 was obligated for construction and repair of hospital and medical research facilities of which almost \$1 million was transferred from the Public Health Service for construction of new research facilities and new buildings at St. Elizabeths. Infirmarys in connection with penal institutions and residency halls have also been constructed.

The Public Works Administration constructed and maintains two residency halls for 400 girls working for the federal government. There is an infirmary of 40 beds which provides outpatient care and inpatient nursing care to prevent the spread of contagious diseases and to provide convalescent facilities. The Public Health Service has detailed 17 nurses to the infirmary; there are no physicians, dentists or other medical personnel.

The infirmary is staffed by nurses detailed from the Public Health Service and is operated on a reimburseable cost basis, (estimated at \$65,000 for fiscal 1949). During the first half of 1948 about 4,000 visits were made to the outpatient service, the average daily infirmary census was 24, and the average length of stay 4.68 days.

Two programs of the Bureau of Community Facilities -- wartime hospital construction and child care centers and advance planning of local public health works -- were terminated in 1946 and 1947, respectively. The Public Health Service will determine the need and prepare comprehensive programs for the prevention and abatement of water pollution; the Federal Works Agency will plan and supervise the construction of treatment works to control the discharge of sewage into interstate waters. The Federal Works Administrator is authorized to make loans to states, municipalities, and interstate agencies for the construction of approved projects up to one-third of the estimated cost but no more than \$250,000, whichever is smaller. Loan funds will be appropriated to the Federal Security Agency and transferred to the Federal Works Agency for approved projects upon request. The Federal Works Administrator is also authorized to make grants up to one-third of the estimated cost of planning approved projects or \$20,000, whichever is smaller. No funds for grants or loans were appropriated for the fiscal year 1949.

The same act authorized the appropriation of funds to the Federal Works Agency for the construction and equipment of facilities

at Cincinnati, Ohio, for the use of the Public Health Service in connection with the research and study of water pollution and the training of personnel. \$200,000 was appropriated.

17. War Assets Administration The War Assets Administration was established to administer domestic surplus property, including hospitals, drugs and medical supplies. Both of these programs are near completion and the agency is in liquidation, effective February 28, 1949. New declarations of surplus property to the War Assets Administration ended June 30, 1948, since which time surplus property has been disposed of by the owning agencies.

Up to September 30, 1948, about 15 general hospitals had been sold or transferred and one (a Navy hospital in Washington) remained. Most of the hospitals have been transferred to state governments for educational or hospital use at a 100 percent public benefit allowance with a reversion clause to insure continued use for the purpose for which they were transferred. Public benefit allowances may be made to state, local and municipal governments and to nonprofit tax-exempt institutions when substantial benefit will accrue to the health of the nation from the proposed use, whether for research or bedside care. Except by an act of Congress, a hospital may not be transferred to an agency of the federal government (other than the owning agency) without reimbursement at fair value.

The disposal of all drugs and medical supplies was handled by regional offices and customer service centers. Instructions from

the central office related principally to compliance with narcotics and food and drugs laws.

Adequate records on the sale of all surplus goods, including drugs, medicines, laboratory equipment, and surgical and scientific supplies, are not available. Careful record keeping and good accounting procedures have been sacrificed in an effort to channel the huge surpluses into the market as promptly as possible. Considerable quantities of medical and scientific supplies and equipment were disposed of prior to that date by the predecessor War Assets Corporation.

As of June 30, 1948, the declared value of all drugs and medical supplies on hand was \$13,787,000. This was about 10 percent of all drugs and medical supplies for which the War Assets Administration has been responsible. The declared value of all medical supplies disposed of between July 1, 1946 and June 30, 1948 was about \$122 million. About 80 percent was sold and the rest transferred or donated.

18. Selective Service System

The Selective Service Act (Public

Law 759, 80th Congress) prescribed

that inductees meet specified standards of physical and mental fitness, as set forth in Army Regulations (AR 40-115). This Regulation contains a list of physical defects, any one of which will cause a local board of medical advisors to automatically disqualify a registrant. All registrants who are found eligible for service by local boards are given final physical examinations by Army medical personnel at present.

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Based on World War II experience, the Selective Service System will not become an important medical agency in terms of expenditures for medical and hospital care, but it will gather significant statistics on the existence of disqualifying physical defects in the selectees.

19. Post Office Department There is no formally established health and safety program for the employees of the Department, although at approximately 50 of the larger installations full-time physicians and/or nurses maintain dispensaries for the use of employees. For example, there are full-time physicians in the central post office in Los Angeles, Portland, Chicago, Minneapolis, St. Paul, New York, and Washington, some of whom are designated as superintendents or assistant superintendents of mails.

The recently appointed (1946) safety director, although technically attached to the personnel office for departmental employees in Washington only, has been acting as advisor to the Assistant Postmasters General in charge of field activities. His office has up to now concentrated on accident prevention work but its activities and staff are being expanded and postal employees will also be affected by the government-wide Federal Employee Health Act of 1946.

20. Housing and Home Finance Agency The Housing and Home Finance Agency, created by Executive Order 9070 by a consolidation of 17 or more agencies with housing functions, now

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includes the Federal Housing Administration and Public Housing Administration, each of which has minor projects related to health.

The Federal Housing Administration, established by the National Housing Act (Public Law 479, 73 Congress) develops a model uniform plumbing code, conducts investigations on the design of individual sewage disposal systems, and consults with Public Housing Administration on sanitary engineering aspects of the Veterans Emergency Housing programs. Its standards of health, safety and sanitation are the basis of eligibility for credit aid to private residential construction through mortgage insurance. The Federal Housing Administration spent an estimated \$116,000 in fiscal year 1948 for these health functions.

The primary function of Public Housing Administration is to provide capital loans and annual subsidies to local housing authorities for low rent houses and slum clearance projects. The health functions consist of the supervision of a limited health program in publicly constructed houses and in converted war workers' homes and of insistence upon proper sanitary facilities; the expenditures are not segregable from other work.

Appendix I

STATISTICAL DATA ON FEDERAL
HOSPITALS, HOSPITAL BEDS, AND
PATIENTS

Appendix I

1. DISCUSSION OF TERMS.

An attempt has been made to collect and assemble in this summary certain data concerning hospitals operated by the federal government within the United States. (Dispensaries of the Coast Guard and of the Maritime Service have been excluded). It proved to be difficult in some cases to obtain comparable data on bed capacity and patient loads, not only for each hospital system but even for different hospitals within the same hospital system. In large measure, this was because the various federal agencies have never arrived at common definitions of what is meant by "patient" or "bed" and because even within a single system various hospitals are under different administrative controls.

For the Departments of the Army and Air Force, information shown on total hospital capacity is based on a survey made by the Office of the Surgeon General during 1945 and represents the latest information available. Inasmuch as many of the station hospitals and even some of the general hospitals are of nonpermanent construction, or have been expanded by use of adjacent barrack space, release of this extra space can have substantially altered the figures assembled at the time of survey.

Because of the dissimilarity of data, no attempt has been made to combine all of the available data into a total federal

picture except in the summary in Table 12. Data on the trends in "beds" and in "patients" from 1935 to 1948 are shown only for individual hospitalizing agencies in Tables 1 through 4 and Charts 1 through 7. The information on the number of patients receiving care was obtained for each agency as of June 30, 1948 and in certain instances is not necessarily a typical count of the number of patients given care in the bed capacities shown for the same dates. In the hospitals of the National Military Establishment there have been in the past marked seasonal variations in patient loads, producing high utilization during the winter and many vacant beds in the summer. In the facilities of the Veterans Administration and the Public Health Service this is not true to the same extent, patient loads being more constant throughout all the seasons.

There are two principal ways in which the number of patients in a federal hospital is counted -- "beds occupied" or "patients remaining." The count of "patients remaining" is a more inclusive one, comprehending not only patients who are actually in hospital -- i.e., occupying beds -- but also patients retained on the rolls of the hospital but away from the institution on convalescent furlough or some other type of leave. The count of "beds occupied" includes only those patients actually occupying beds in a hospital at any given time. In the case of the Public Health Service hospitals, the only available count is one of patients remaining, and there

are, according to the Service, only about two or three percent away on leave at any time. The Veterans Administration data on patients are of the "beds occupied" type and there are in the range of 10 percent to 15 percent of all patients on leave at any one time (mostly neuropsychiatric patients). In the case of the military hospitals, counts of both types are usually available.

Tables 5 through 11 which deal with the beneficiary status of patients in each of the principal federal hospital systems, carry specific footnotes defining the type of patient count and expressing the relationship between the two types of counts wherever such data are available.

In addition to the tables and charts which show the trends of patients and beds in the federal hospital systems, Tables 5 through 11 and Charts 8 through 12 contain data which break down the total patient population of each major federal hospital system into its various beneficiary groups. Thus in Table 5, the patients in Army and Air Force hospitals are first subdivided by type of hospital and further to show those patients who have a prime eligibility for military medical care and those who -- as supernumeraries -- have at best a contingent eligibility for care in military hospitals.

Table 1 - HOSPITAL BEDS AND PATIENTS -- DEPARTMENTS OF THE ARMY AND AIR FORCE
1935 - 1948

June 30 of Each Year	Continental United States									
	All Hospitals				Army General Hospitals ^{a/}		Army & Air Force ^{b/} Station Hospitals ^{c/}		Overseas	
	Operating Beds	Occupied	Operating Beds	Occupied	Operating Beds	Occupied	Operating Beds	Occupied	Operating Beds	Occupied
1935	10,865	6,931	4,582	3,077	6,283	3,854	1,675	1,022		
1936	11,990	7,922	4,339	3,388	7,651	4,534	1,644	1,086		
1937	11,875	8,143	4,692	3,559	7,183	4,584	1,730	963		
1938	11,951	7,882	4,692	3,326	7,259	4,556	1,653	1,024		
1939	12,370	8,171	5,136	3,796	7,234	4,375	1,656	998		
1940	16,879	9,309	6,387	3,944	10,492	5,365	2,542	1,343		
1941	75,056	38,582	7,709	5,519	67,347	33,063	2,779	2,469		
1942	116,971	73,285	16,219	12,365	100,752	60,920	NA	NA		
1943	276,237	114,913	54,828	34,042	221,409	80,871	71,225	48,942		
1944	303,674	137,678	117,043	56,291	186,631	81,387	285,850	135,567		
1945	343,141	250,895	226,973	172,288	116,168	78,607	416,600	165,360		
1946	91,713	57,509	57,581	39,723	34,132	17,786	36,347	16,961		
1947	45,616	24,540	27,613	17,215	18,003	7,325	24,940	11,732		
1948	33,626	18,725	19,262	12,542	14,364	6,183	17,740	8,310		

a/ Including convalescent hospitals.

b/ Including regional hospitals.

c/ The following data are available which show beds and patients separately for Army and Air Force station hospitals for 1945, 1946, 1947 and 1948: Station Hospitals of

June 30 of Each Year	Army		Air Force	
	Operating Beds	Beds Occupied	Operating Beds	Beds Occupied
1945	NA	46,085	NA	32,522
1946	25,257	13,147	8,875	4,639
1947	12,003	4,921	6,000	2,404
1948	8,714	3,600	5,650	2,583

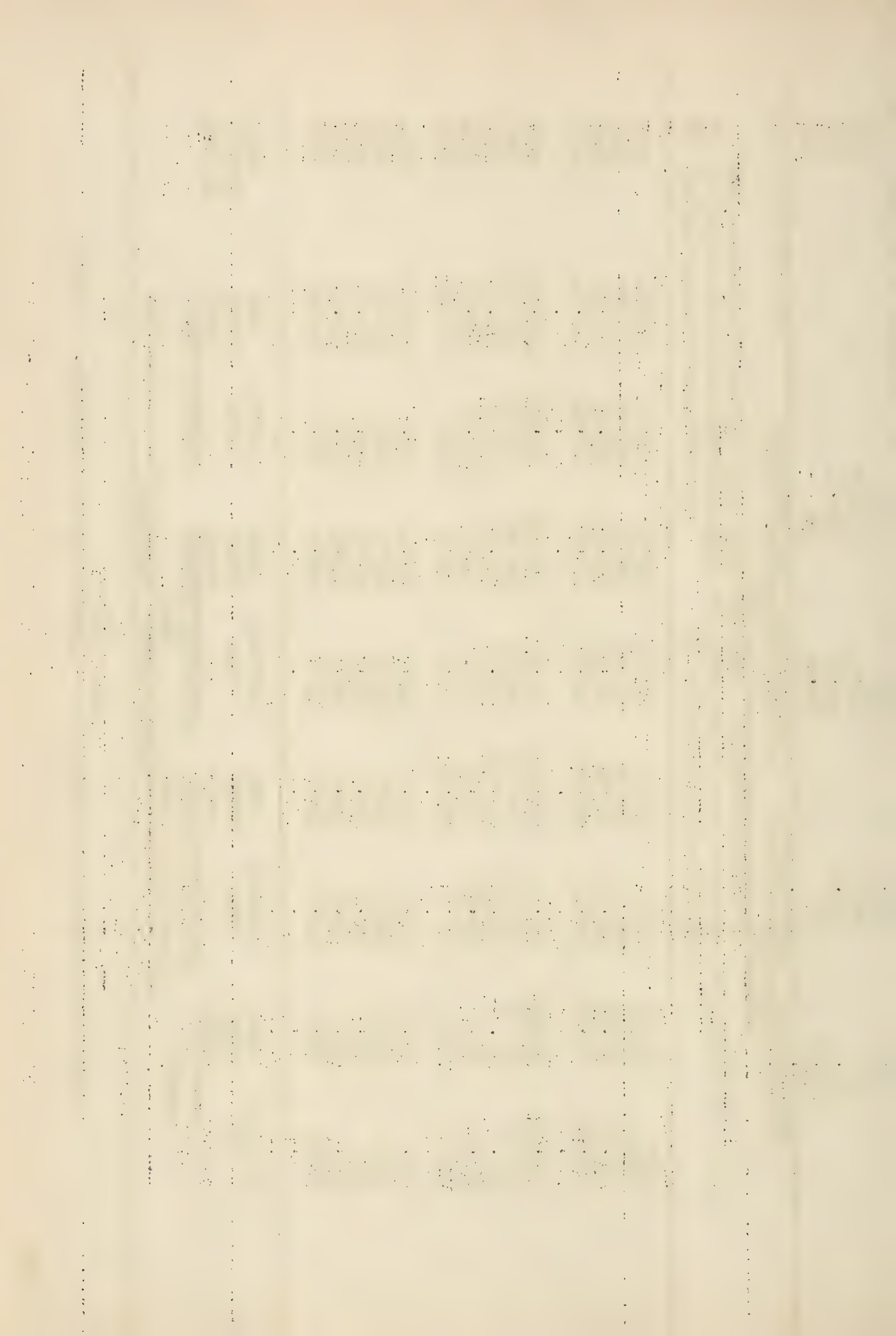
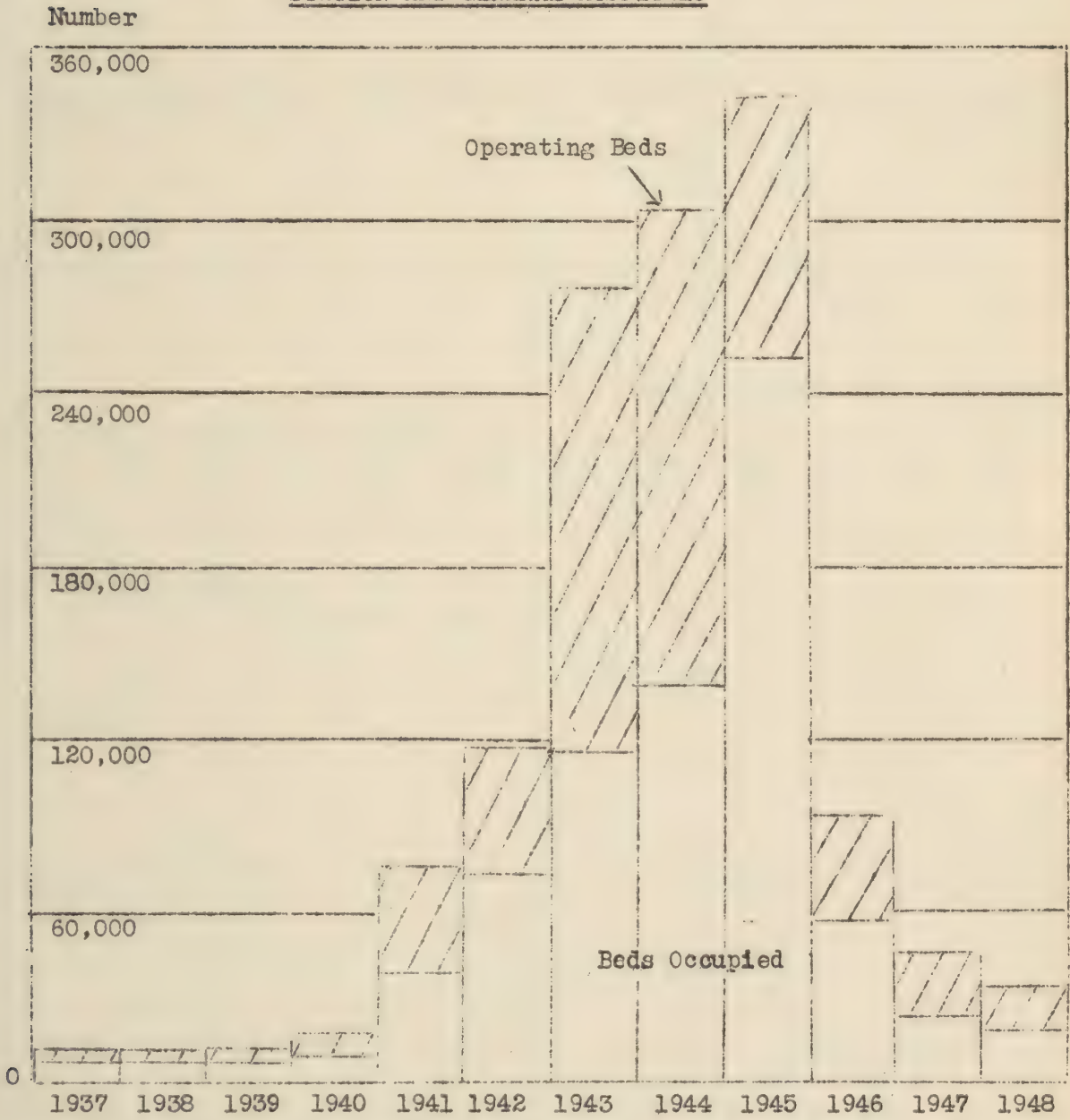


Chart 1

HOSPITAL BEDS AND PATIENTS — DEPARTMENTS
OF THE ARMY AND AIR FORCE
CONTINENTAL UNITED STATES
1937 - 1948

STATION AND GENERAL HOSPITALS



I think

STILL, I AM NOT SURE AND DON'T KNOW
HOW TO SAY IT IN ENGLISH
AND I DON'T KNOW HOW TO SAY IT
IN ENGLISH

THESE ARE THE ONLY TWO

9. 10. 11.

THESE ARE THE ONLY TWO

2

10. 11. 12.

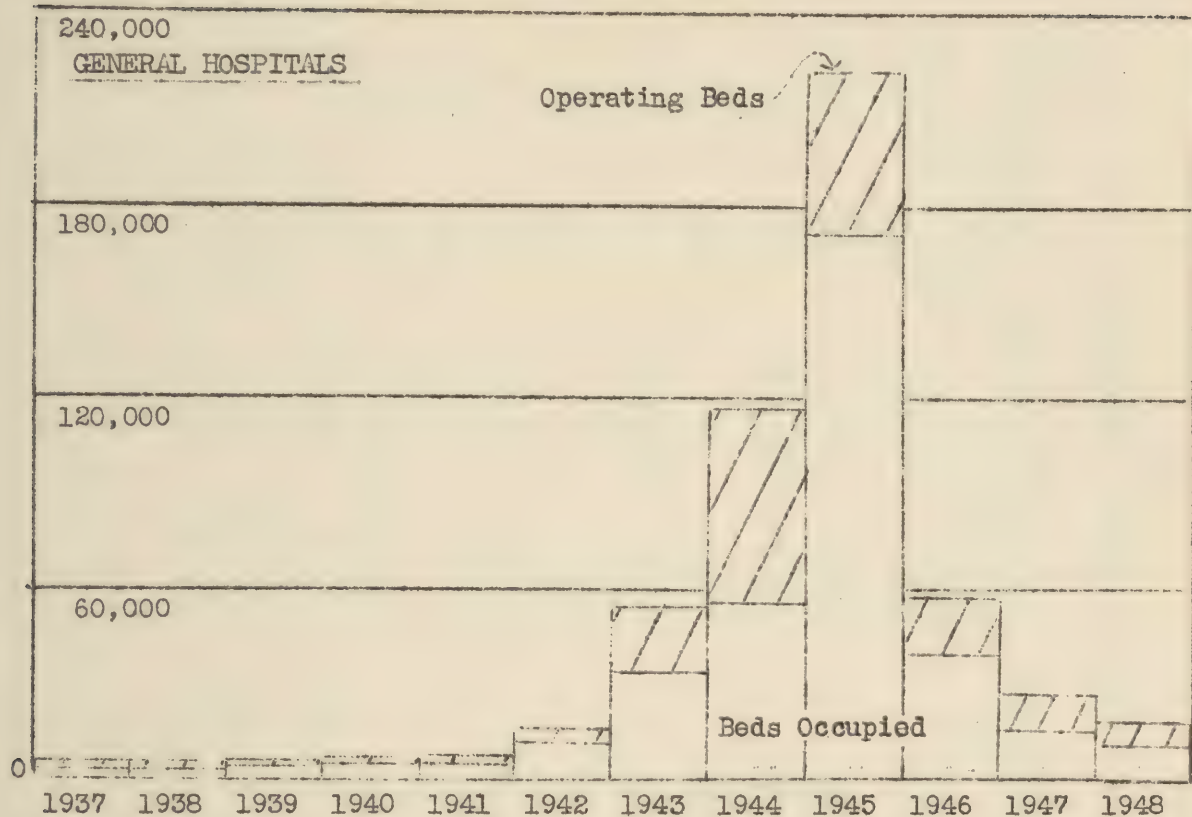
11. 12. 13.

12. 13. 14.

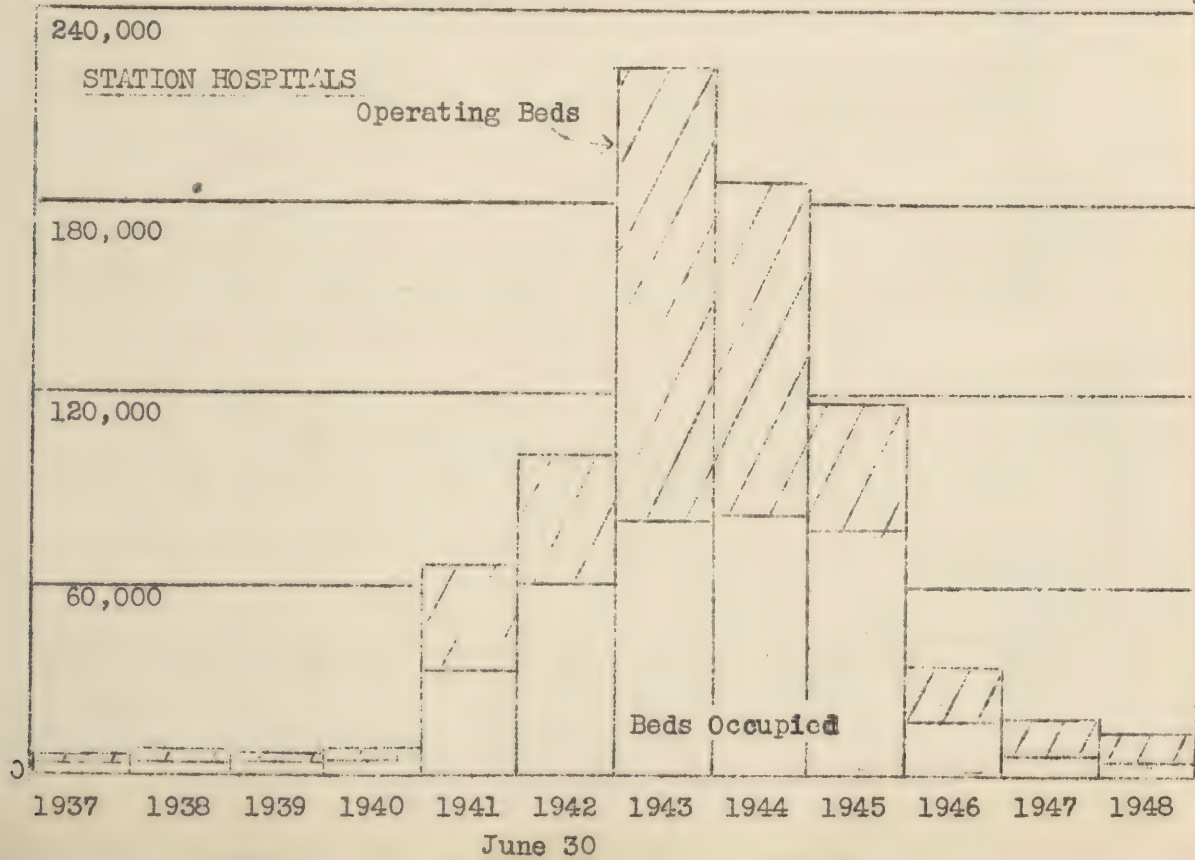
13. 14. 15.

HOSPITAL BEDS AND PATIENTS — DEPARTMENTS
OF THE ARMY AND AIR FORCE
CONTINENTAL UNITED STATES
1937 - 1948

Number



Number



RECEIVED
JAN 10 1964
U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C.

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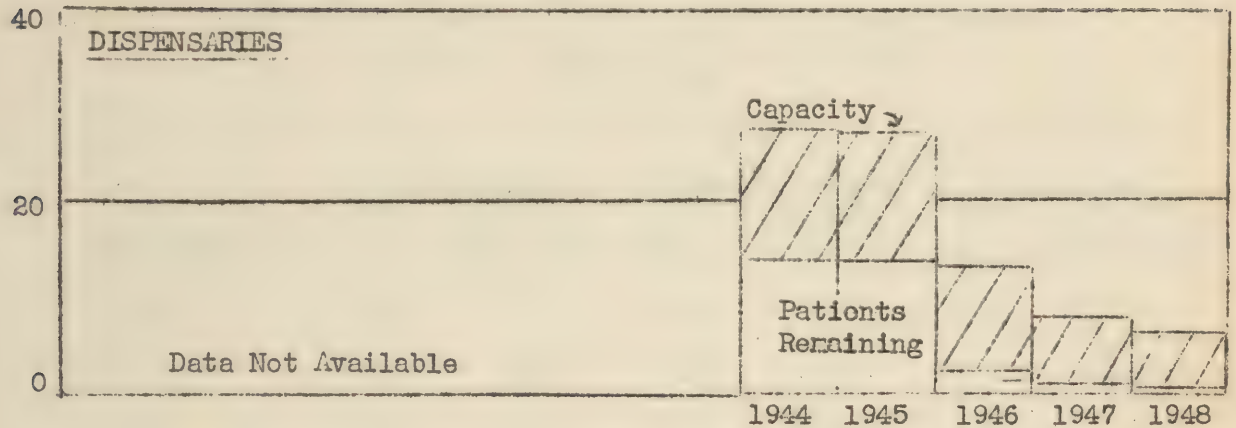
Table 2 -- HOSPITAL BEDS AND PATIENTS -- DEPARTMENT OF THE NAVY
1935 - 1948

June 30 of Each Year	Continental United States						Overseas		
	Total in U. S.		Hospitals		Dispensaries		Total Overseas Patients Remaining	Hospitals & Ships Patients Remaining	Dis- pensaries Patients Remaining
	Beds	Patients Remaining	Capacity	Patients Remaining	Operating Beds	Patients Remaining			
1935	NA	NA	5,540 ^{2/}	2,491	NA	NA	NA	493	NA
1936	NA	NA	NA	2,812	NA	NA	NA	537	NA
1937	NA	NA	4,635 ^{2/}	3,116	NA	NA	NA	538	NA
1938	NA	NA	NA	3,342	NA	NA	NA	431	NA
1939	NA	NA	4,769 ^{2/}	3,830	NA	NA	NA	366	NA
1940	NA	NA	5,634	4,333	NA	NA	NA	753	NA
1941	NA	NA	8,437	6,759	NA	NA	NA	933	NA
1942	NA	NA	22,775	12,210	NA	NA	NA	1,300	NA
1943	NA	NA	38,786	35,881	NA	NA	NA	5,773	NA
1944	75,954	70,823	48,550	56,548	27,404	14,275	11,398	11,273	125
1945	99,682	105,091	72,391	90,861	27,291	14,230	20,275	19,608	667
1946	57,883	37,022	44,295	34,477	13,588	2,545	1,975	1,675	300
1947	39,708	16,192	31,622	14,910	8,086	1,282	2,159	1,497	662
1948	34,642	13,958	27,965	12,800	6,677	1,158	1,728	1,199	529

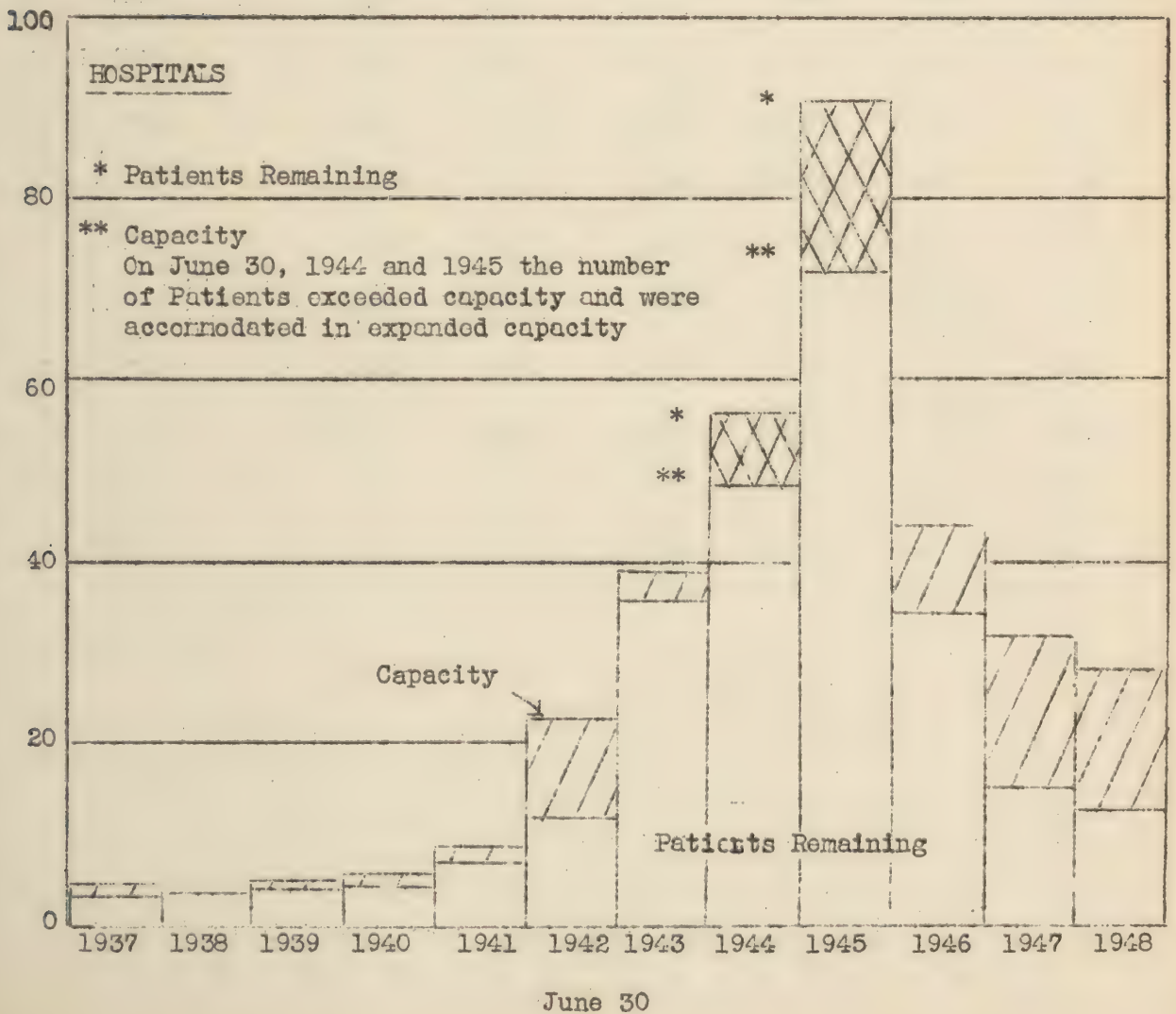
Chart 3

HOSPITAL BEDS AND PATIENTS -- DEPARTMENT
OF THE NAVY
CONTINENTAL UNITED STATES
1937 - 1948

Thousand



Thousand



THE
FEDERAL
BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

MEMORANDUM

TO : DIRECTOR

FROM : SAC, NEW YORK

SUBJECT: [Illegible]

[Illegible text block]

RE: [Illegible]

DATE: [Illegible]

REFERENCE: [Illegible]

SYNOPSIS: [Illegible]

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Table 3

HOSPITAL BEDS AND PATIENTS IN PUBLIC HEALTH SERVICE
MARINE AND MENTAL HYGIENE HOSPITALS
1935 - 1948

June 30 of each year	All Hospitals		General Hospitals		Tuberculosis	
	Beds	Patients Remaining	Capac- ity	Patients Remaining	Capac- ity	Patients Remaining
1935	5,396	4,100	4,701	3,550	270	192
1936	7,020	5,617	5,319	4,293	270	189
1937	7,204	5,894	5,480	4,393	270	161
1938	7,196	5,856	5,472	4,358	270	178
1939	7,498	6,111	5,472	4,238	237	183
1940	8,302	6,574	5,611	4,472	237	163
1941	8,728	6,474	6,037	4,532	237	157
1942	9,096	7,217	5,888	4,811	237	195
1943	9,289	7,575	5,903	5,088	237	173
1944	9,262	8,058	5,939	5,415	237	184
1945	9,357	8,426	5,939	5,687	322	203
1946	9,887	7,342	6,387	4,692	412	337
1947	9,205	7,756	5,752	4,805	487	438
1948	9,260	7,300	5,752	4,538	487	425

THE UNIVERSITY OF CHICAGO DEPARTMENT OF CHEMISTRY LABORATORY OF PHYSICAL CHEMISTRY

Run	Time	Temp	Pressure	Flow	Conc	Yield
1	10.0	100.0	1.0	1.0	1.0	1.0
2	10.0	100.0	1.0	1.0	1.0	1.0
3	10.0	100.0	1.0	1.0	1.0	1.0
4	10.0	100.0	1.0	1.0	1.0	1.0
5	10.0	100.0	1.0	1.0	1.0	1.0
6	10.0	100.0	1.0	1.0	1.0	1.0
7	10.0	100.0	1.0	1.0	1.0	1.0
8	10.0	100.0	1.0	1.0	1.0	1.0
9	10.0	100.0	1.0	1.0	1.0	1.0
10	10.0	100.0	1.0	1.0	1.0	1.0
11	10.0	100.0	1.0	1.0	1.0	1.0
12	10.0	100.0	1.0	1.0	1.0	1.0
13	10.0	100.0	1.0	1.0	1.0	1.0
14	10.0	100.0	1.0	1.0	1.0	1.0
15	10.0	100.0	1.0	1.0	1.0	1.0
16	10.0	100.0	1.0	1.0	1.0	1.0
17	10.0	100.0	1.0	1.0	1.0	1.0
18	10.0	100.0	1.0	1.0	1.0	1.0
19	10.0	100.0	1.0	1.0	1.0	1.0
20	10.0	100.0	1.0	1.0	1.0	1.0

Table 3 (continued)

HOSPITAL BEDS AND PATIENTS IN PUBLIC HEALTH SERVICE
MARINE AND MENTAL HYGIENE HOSPITALS
1935 - 1948

June 30 of each year	Mental Hygiene		Leprosarium	
	Operating Beds	Patients Remaining	Capac- ity	Patients Remaining
1935	-	-	425	358
1936	1,000	761	431	374
1937	1,000	975	454	365
1938	1,000	971	454	349
1939	1,335	1,325	454	365
1940	2,000	1,567	454	372
1941	2,000	1,412	454	373
1942	2,517	1,824	454	387
1943	2,695	1,941	454	373
1944	2,632	2,075	454	384
1945	2,642	2,160	454	376
1946	2,634	1,941	454	372
1947	2,512	2,127	454	386
1948	2,567	1,933	454	404

Table 1

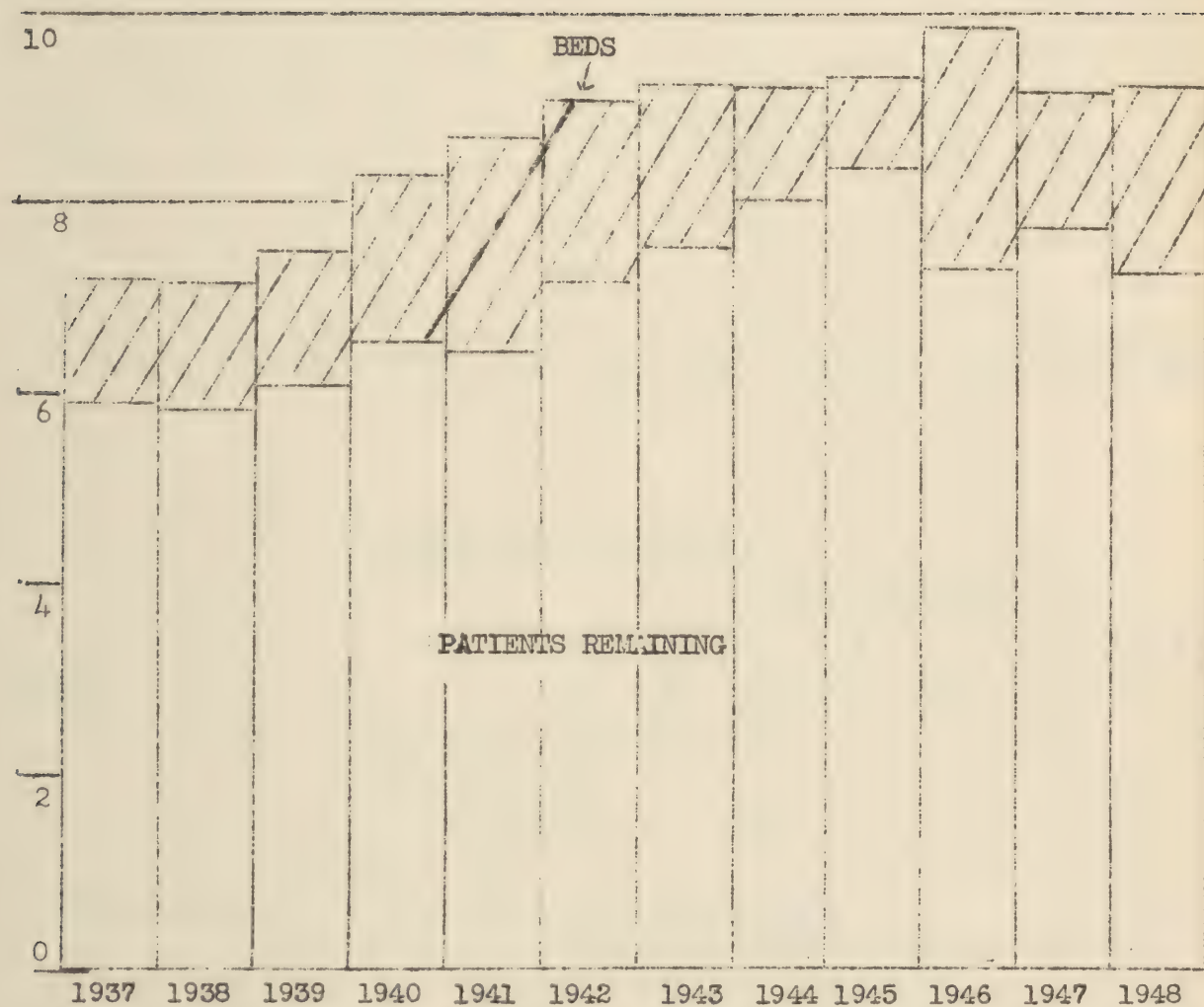
Table 1 shows the results of the regression analysis for the dependent variable Y against the independent variables X_1, X_2, X_3, X_4, X_5 . The results are presented in the following table:

Variable	Parameter	Estimate	Standard Error	t-Statistic	Probability > t
Intercept		1.2345	0.1234	10.00	0.0000
X_1	β_1	0.5678	0.0567	10.00	0.0000
X_2	β_2	-0.1234	0.0123	-10.00	0.0000
X_3	β_3	0.9876	0.0987	10.00	0.0000
X_4	β_4	-0.3456	0.0345	-10.00	0.0000
X_5	β_5	0.7890	0.0789	10.00	0.0000
X_1^2	β_6	0.0123	0.0012	10.00	0.0000
X_2^2	β_7	-0.0045	0.0004	-10.00	0.0000
X_3^2	β_8	0.0234	0.0023	10.00	0.0000
X_4^2	β_9	-0.0067	0.0006	-10.00	0.0000
X_5^2	β_{10}	0.0156	0.0015	10.00	0.0000
$X_1 X_2$	β_{11}	0.0012	0.0001	10.00	0.0000
$X_1 X_3$	β_{12}	0.0034	0.0003	10.00	0.0000
$X_1 X_4$	β_{13}	-0.0008	0.0000	-10.00	0.0000
$X_1 X_5$	β_{14}	0.0023	0.0002	10.00	0.0000
$X_2 X_3$	β_{15}	0.0056	0.0005	10.00	0.0000
$X_2 X_4$	β_{16}	-0.0012	0.0001	-10.00	0.0000
$X_2 X_5$	β_{17}	0.0045	0.0004	10.00	0.0000
$X_3 X_4$	β_{18}	0.0078	0.0007	10.00	0.0000
$X_3 X_5$	β_{19}	0.0012	0.0001	10.00	0.0000
$X_4 X_5$	β_{20}	-0.0034	0.0003	-10.00	0.0000

Chart 4

HOSPITAL BEDS AND PATIENTS IN
PUBLIC HEALTH SERVICE MARINE AND
MENTAL HYGIENE HOSPITALS
1937 - 1948

Thousand



June 30

APPENDIX

THE FOLLOWING TABLES
GIVE THE RESULTS OF THE
ANALYSIS OF THE
DATA OBTAINED FROM THE
EXPERIMENTAL WORK

TABLE I

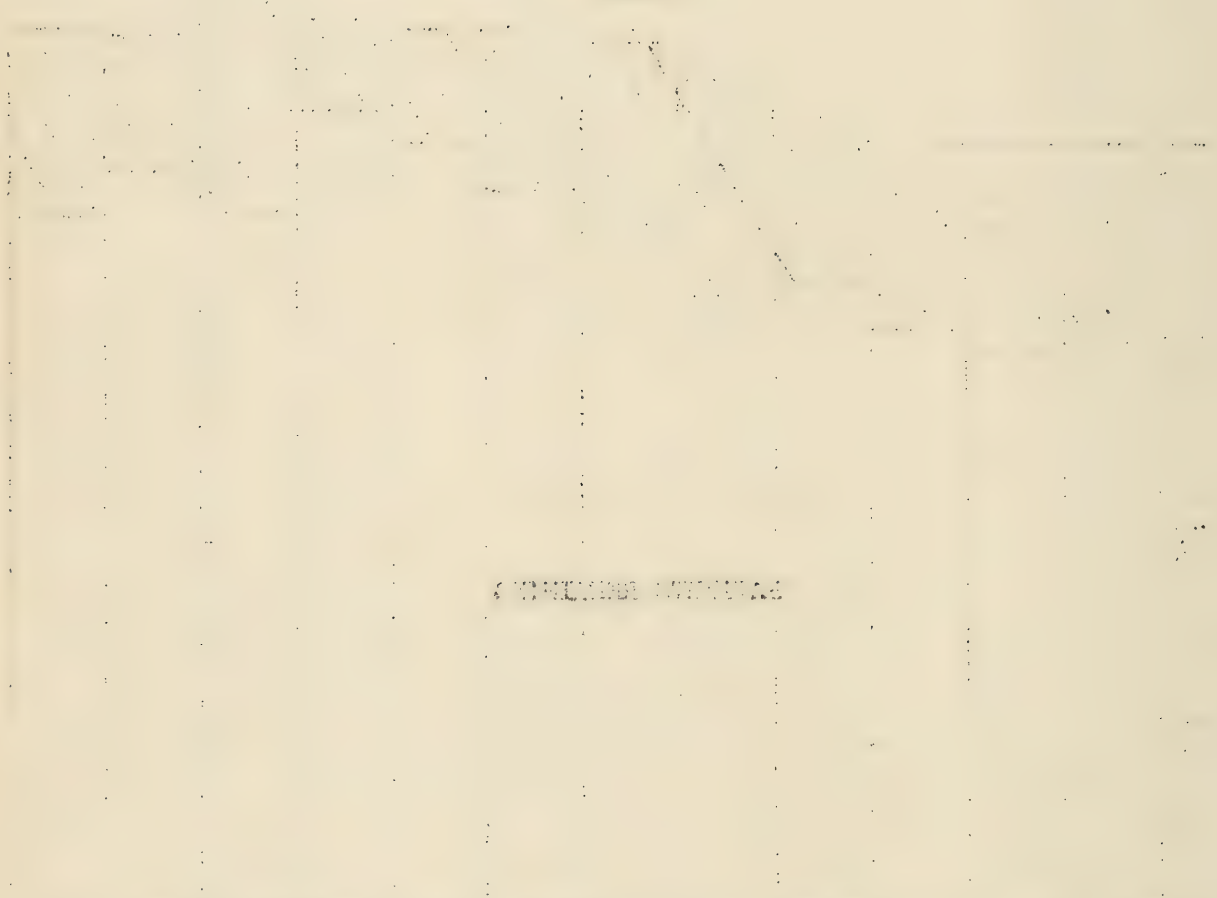


TABLE II

THE FOLLOWING TABLES
GIVE THE RESULTS OF THE
ANALYSIS OF THE
DATA OBTAINED FROM THE
EXPERIMENTAL WORK

TABLE III

Chart 5

HOSPITAL BEDS AND PATIENTS IN PUBLIC HEALTH
SERVICE-MARINE AND MENTAL HYGIENE HOSPITALS
1937 - 1948

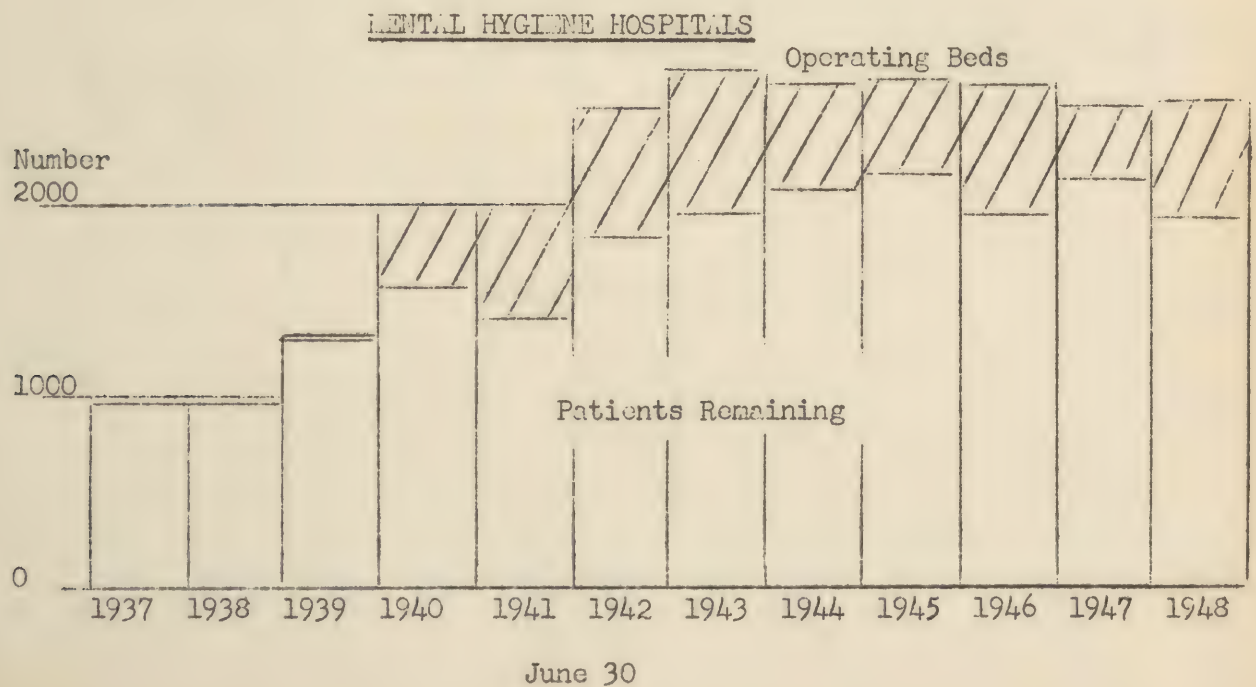
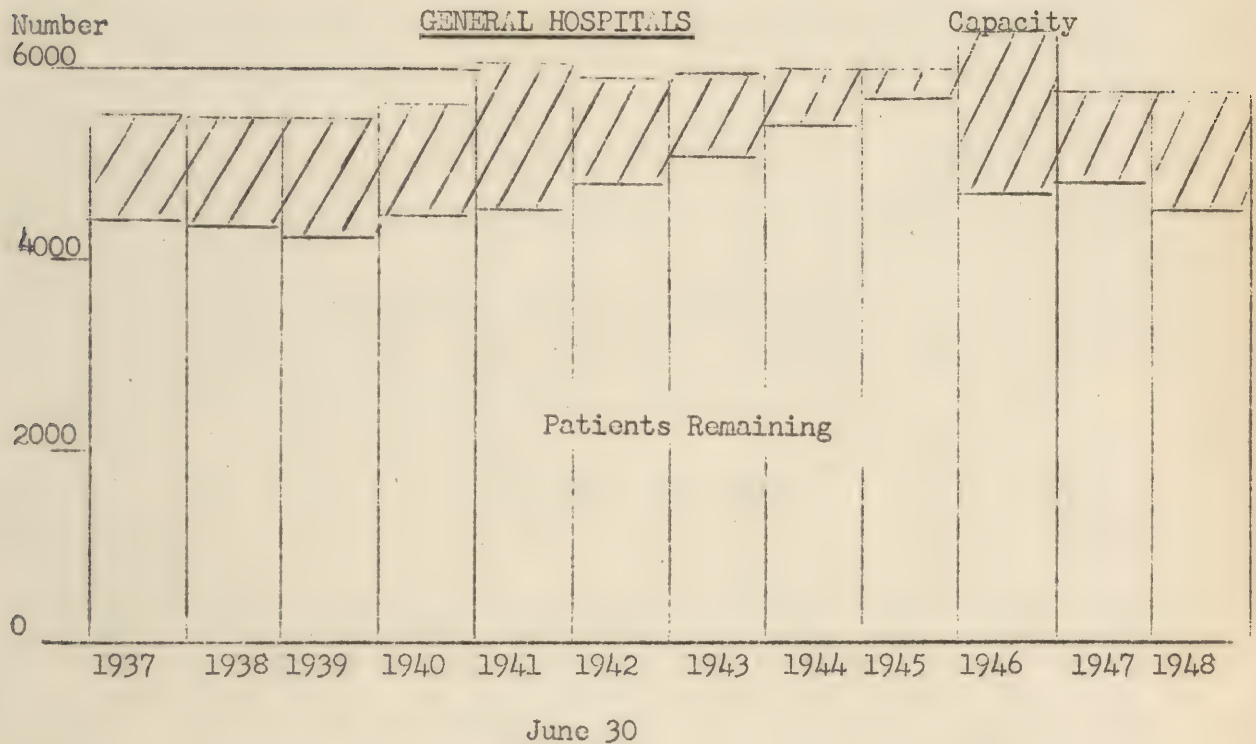


Chart 5 (Continued)

HOSPITAL BEDS AND PATIENTS IN PUBLIC HEALTH
SERVICE MARINE AND MENTAL HYGIENE HOSPITALS
1937 - 1948

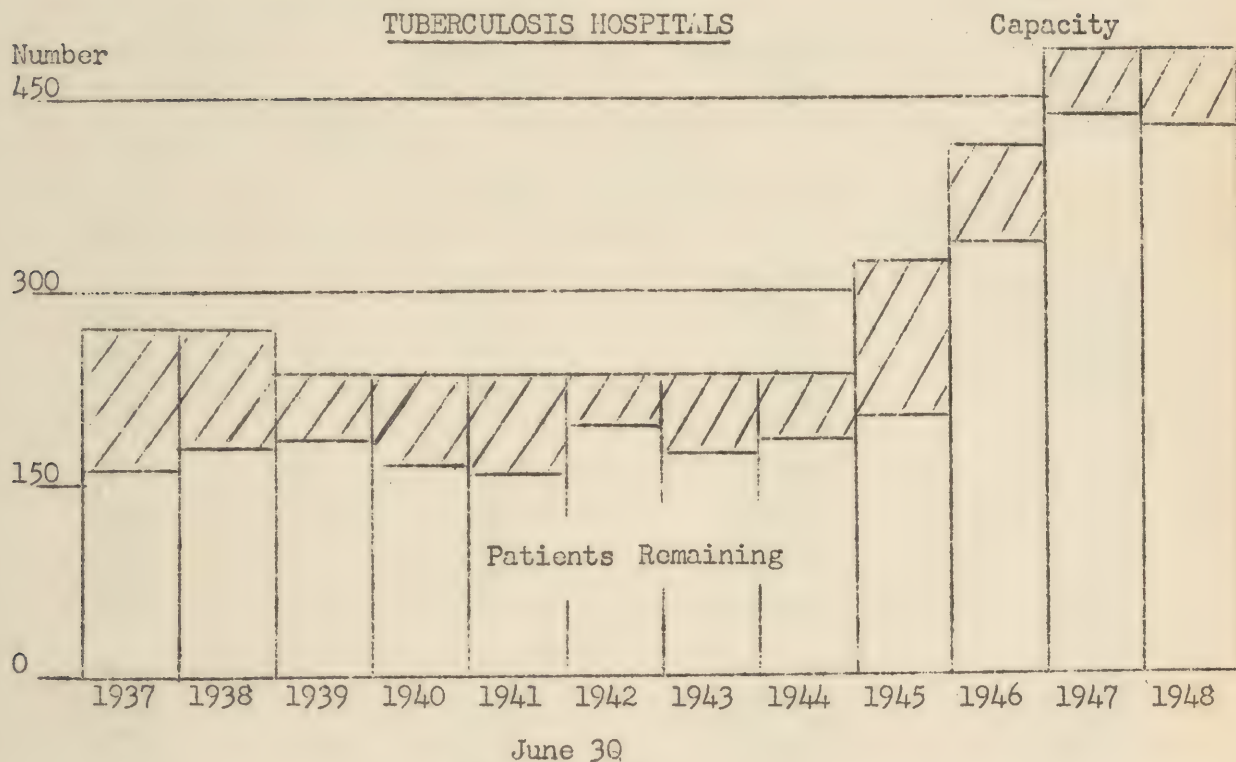
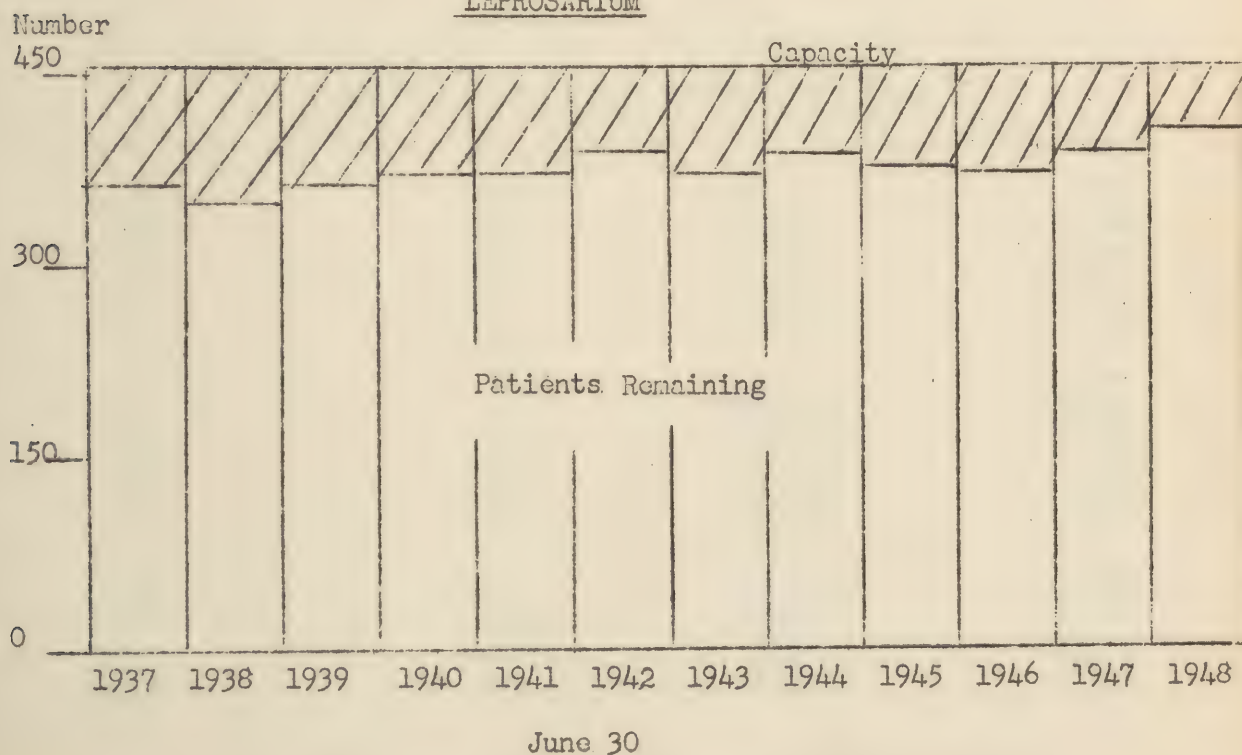
TUBERCULOSIS HOSPITALSLEPROSARIUM

Table 4

HOSPITAL BEDS AND PATIENTS - VETERANS ADMINISTRATION
1935 - 1948

June 30 of each year	Number of Hospitals	Operating Beds	Beds Occupied
ALL HOSPITALS			
1935	81	43,955	39,401
1936	81	44,846	38,539
1937	81	47,406	43,234
1938	82	51,460	47,255
1939	85	54,280	50,033
1940	87	58,834	52,671
1941	92	61,405	54,616
1942	93	60,666	53,206
1943	93	61,717	54,184
1944	94	70,598	60,389
1945	97	77,727	66,051
1946	109	87,379	76,405
1947	123	101,273	91,224
1948	125	102,219	91,290
GENERAL MEDICAL AND SURGICAL HOSPITALS			
1935	42	17,406	14,435
1936	42	16,851	12,753
1937	43	18,013	15,383
1938	42	18,614	16,401
1939	45	19,846	16,959
1940	46	21,432	18,007
1941	50	22,772	19,020
1942	50	20,988	15,846
1943	51	21,504	15,598
1944	51	24,072	17,272
1945	51	35,360	19,682
1946	62	31,691	26,285
1947	72	43,764	38,279
1948	74	43,758	37,230

Table 4 (continued)

HOSPITAL BEDS AND PATIENTS -- VETERANS ADMINISTRATION
1935 - 1948

June 30 of each year	Number of Hospitals	Operating Beds	Beds Occupied
TUBERCULOSIS HOSPITALS			
1935	13	5,979	4,699
1936	13	5,904	4,173
1937	12	5,372	4,290
1938	12	5,112	4,334
1939	12	5,274	4,478
1940	12	5,286	4,400
1941	12	5,286	4,298
1942	13	5,672	4,746
1943	13	5,184	4,341
1944	13	6,350	5,234
1945	14	6,431	5,401
1946	14	6,577	5,610
1947	18	7,782	6,595
1948	18	7,825	6,919
NEUROPSYCHIATRIC HOSPITALS			
1935	26	20,570	20,267
1936	26	22,091	21,613
1937	26	24,021	23,561
1938	28	27,734	26,520
1939	28	29,160	28,596
1940	29	32,116	30,264
1941	30	33,347	31,298
1942	30	34,006	32,614
1943	29	35,029	34,245
1944	30	40,176	37,883
1945	32	45,936	40,968
1946	33	49,111	44,510
1947	33	49,727	46,350
1948	33	50,636	47,141

1. The first part of the paper is devoted to a review of the literature on the topic. It starts with a general overview of the field, followed by a more detailed discussion of the specific issues at hand. The authors cite numerous studies and theories, providing a solid foundation for their arguments.

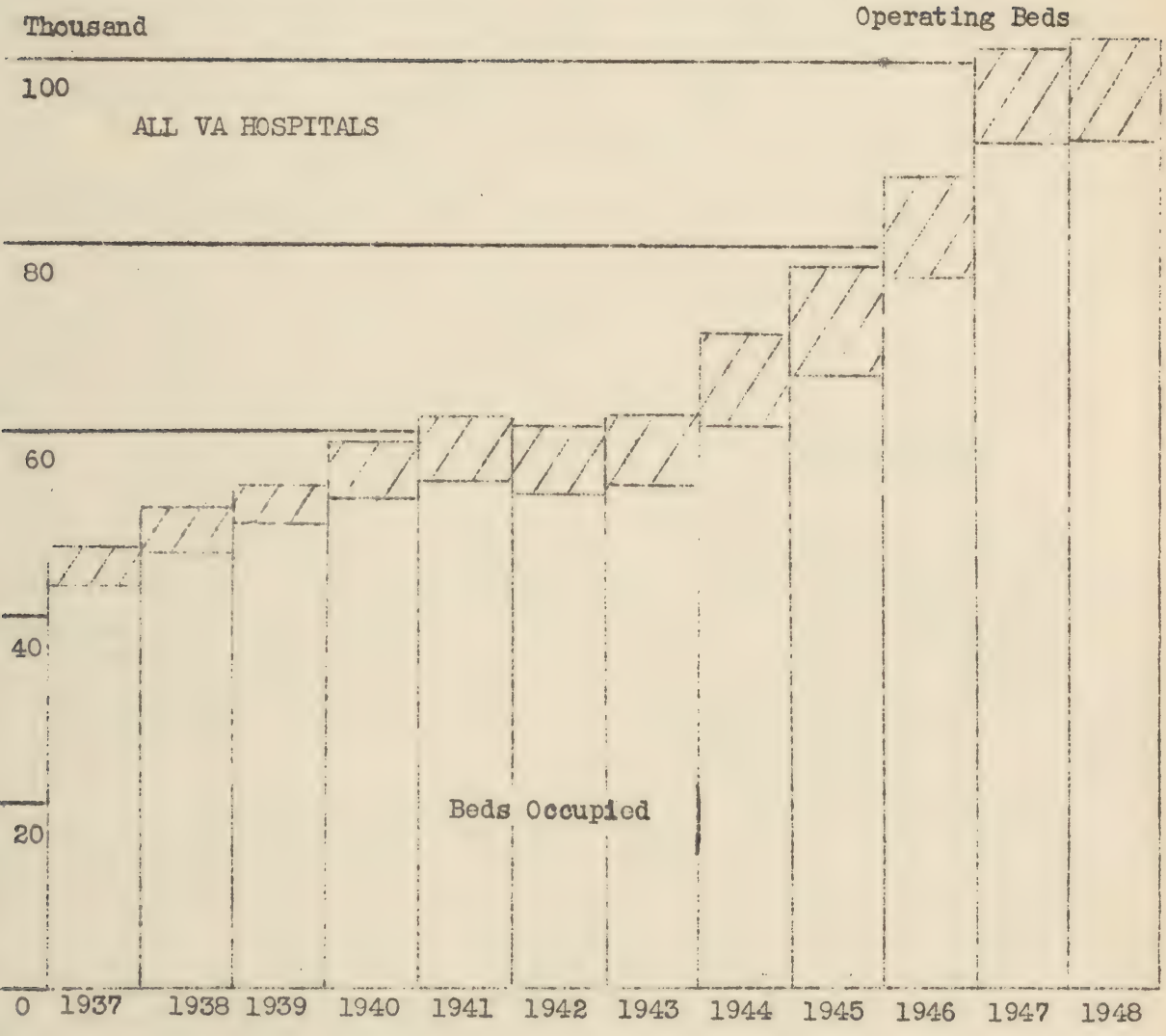
Table 4 (concluded)DOMICILIARY BEDS AND PATIENTS - VETERANS ADMINISTRATION
1935 - 1948

June 30 of each year	Operating Beds	Beds Occupied
1935	17,853	9,323
1936	15,929	7,574
1937	13,555	11,038
1938	16,272	14,106
1939	16,736	15,426
1940	18,476	16,320
1941	18,688	13,978
1942	17,951	11,506
1943	16,050	8,997
1944	13,344	8,647
1945	13,366	8,779
1946	14,868	11,320
1947	16,101	13,458
1948	16,174	14,275

a/ Including 16 domiciliary patients employed at Veterans Administration hospitals.

1890

Chart 6
HOSPITAL BEDS AND PATIENTS
VETERANS ADMINISTRATION
1937 - 1948



June 30

1900

1900 1901 1902 1903 1904
1905 1906 1907 1908 1909
1910 1911 1912 1913 1914

1915 1916 1917 1918 1919

1920 1921 1922 1923 1924

1925 1926 1927 1928 1929

1930 1931 1932 1933 1934 1935 1936 1937 1938 1939

1940

HOSPITAL BEDS AND PATIENTS
VETERANS ADMINISTRATION
1937-1948

Thousand

50

GMS HOSPITALS

40

30

20

10

0

Operating Beds

Beds Occupied

Thousand

18

TB HOSPITALS

12

Operating Beds

Beds Occupied

1937

'39

'41

'43

'45

'47

June 30

NP HOSPITALS

Operating Beds

Beds Occupied

1937

'39

'41

'43

'45

'47

DOMICILES

Operating Beds

Beds Occupied

1937

'39

'41

'43

'45

'47

THE UNITED STATES OF AMERICA
DEPARTMENT OF JUSTICE
WASHINGTON, D. C.

Page 1

MEMORANDUM FOR

THE ATTORNEY GENERAL

FROM THE DEPARTMENT OF JUSTICE

SUBJECT: [Illegible]

DATE: [Illegible]

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Table 5 -- BENEFICIARY STATUS OF PATIENTS IN ARMY AND AIR FORCE HOSPITALS
IN THE UNITED STATES
June 30, 1948

159

Status	Total Patients in Hospital		General Hospitals	Station Hospitals		
	Number	Percent of Total		Total	Army	Air Force
1. All Patients	18,725 c/	100.0	12,542 c/	6,183 c/	3,600 c/	2,583 c/
2. Active Duty Army and Air Force Personnel	13,243	70.7	8,521	4,722	2,725	1,997
3. Supernumeraries						
Total	5,482	29.3	4,021	1,461	875	586
Veterans	2,460	13.1	2,377	83	65	18
Other Civilians						
a/ Other U.S. Armed	2,969	15.9	1,624	1,345	792	553
Forces	45	0.2	12	33	18	15
Allied Soldiers	8	b/	8	-	-	-

a/ Primarily dependents
b/ Less than 0.1
c/ In addition, 2,158 patients were absent from the hospitals on leave (convalescent furlough) -- 1,861 from General Hospitals, 202 from Army Station Hospitals, and 95 from Air Force Station Hospitals

2019

Chart 8

BENEFICIARY STATUS OF PATIENTS IN ARMY
AND AIR FORCE HOSPITALS IN THE UNITED STATES
June 30, 1948

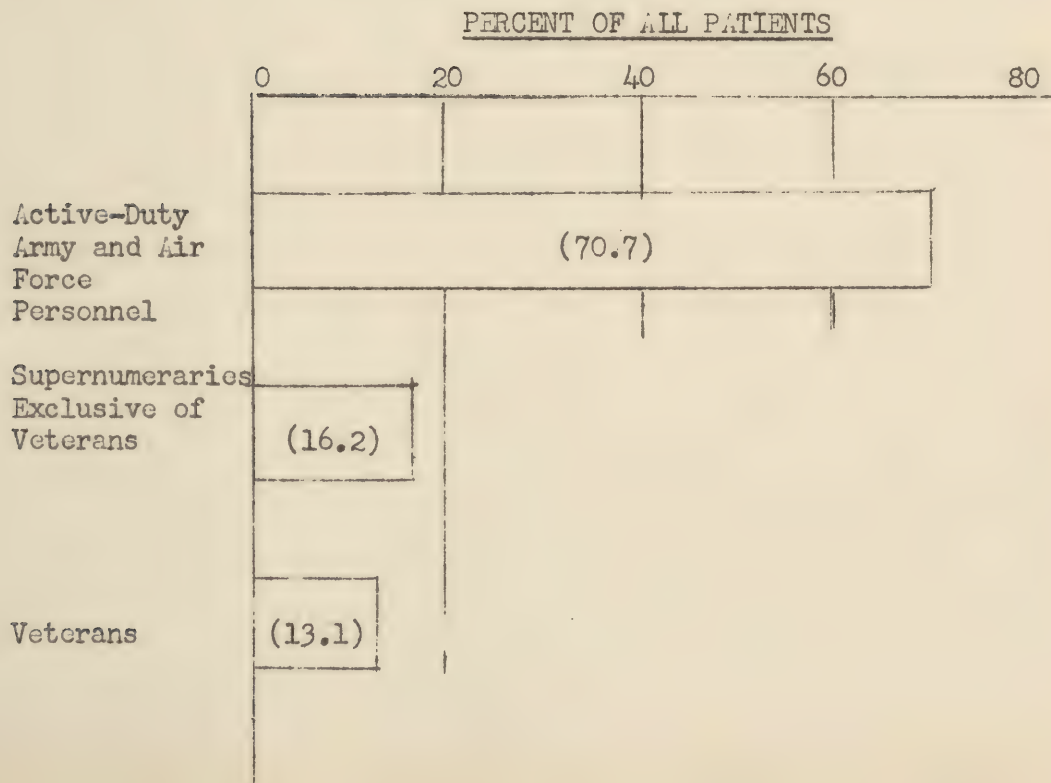
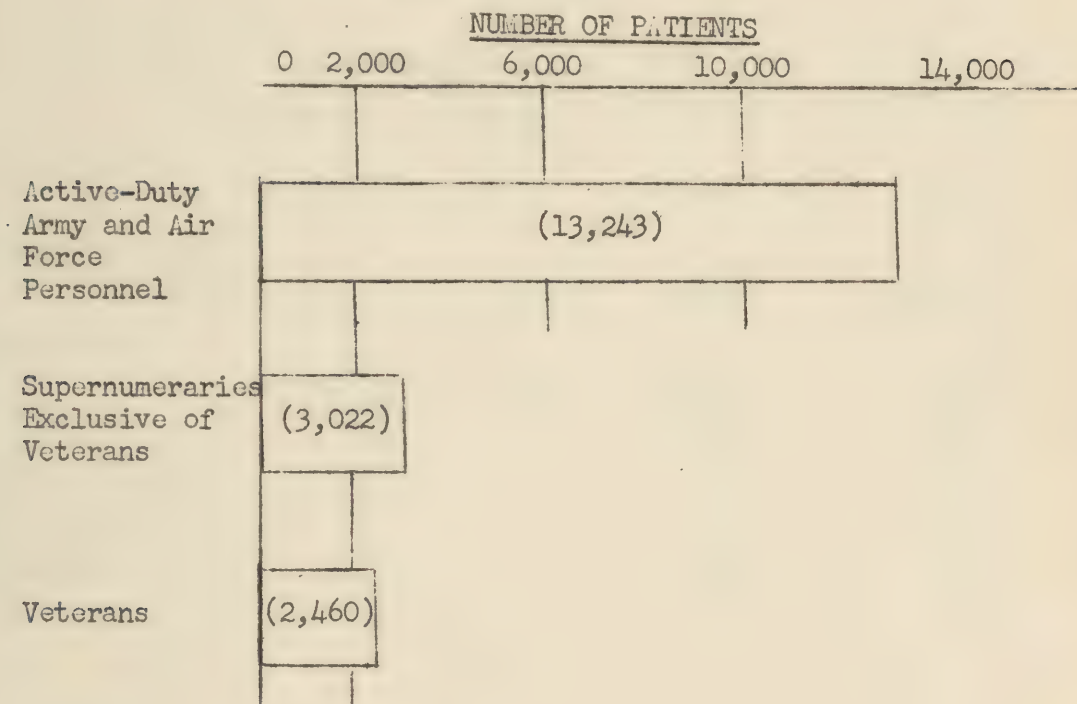


Table 6

BENEFICIARY STATUS OF PATIENTS REMAINING
IN NAVAL HOSPITALS AND DISPENSARIES IN THE U. S.
June 30, 1948

Beneficiary Status	Total		Naval Hospitals	Dispensaries
	<u>Number</u>	<u>Percent of Total</u>		
Total Patients	<u>13,958</u>	<u>100.0</u>	<u>12,800</u> a/	<u>1,158</u>
Active Duty Navy and Marine Corps Personnel	<u>8,632</u>	<u>61.8</u>	<u>7,587</u>	<u>1,045</u>
Supernumeraries				
Total	<u>5,326</u>	<u>38.2</u>	<u>5,213</u>	<u>113</u>
Veterans	NA		3,518	NA
Retired Personnel	NA		570	NA
Army and Air Force	NA		23	NA
Coast Guard	NA		12	NA
Employees Compensation	NA		39	NA
Dependents	NA		989	NA
All other	NA		62	NA

NA -- not available

a/ Including 177 patients on sick leave or furlough

1. The first part of the paper is devoted to a general discussion of the problem of the existence of solutions of the system of equations

$$\frac{dx}{dt} = f(x, y, z), \quad \frac{dy}{dt} = g(x, y, z), \quad \frac{dz}{dt} = h(x, y, z),$$

where f, g, h are continuous functions of x, y, z and satisfy the Lipschitz condition.

2. In the second part we consider the case when

$$f(x, y, z) = P(x, y, z), \quad g(x, y, z) = Q(x, y, z), \quad h(x, y, z) = R(x, y, z),$$

where P, Q, R are polynomials of degree not greater than n .

3. Finally, in the third part we consider the case when

$$f(x, y, z) = P(x, y, z), \quad g(x, y, z) = Q(x, y, z), \quad h(x, y, z) = R(x, y, z),$$

where P, Q, R are polynomials of degree not greater than n and the system of equations is autonomous.

4. In the fourth part we consider the case when

$$f(x, y, z) = P(x, y, z), \quad g(x, y, z) = Q(x, y, z), \quad h(x, y, z) = R(x, y, z),$$

where P, Q, R are polynomials of degree not greater than n and the system of equations is non-autonomous.

5. Finally, in the fifth part we consider the case when

$$f(x, y, z) = P(x, y, z), \quad g(x, y, z) = Q(x, y, z), \quad h(x, y, z) = R(x, y, z),$$

where P, Q, R are polynomials of degree not greater than n and the system of equations is non-autonomous.

6. In the sixth part we consider the case when

$$f(x, y, z) = P(x, y, z), \quad g(x, y, z) = Q(x, y, z), \quad h(x, y, z) = R(x, y, z),$$

where P, Q, R are polynomials of degree not greater than n and the system of equations is non-autonomous.

7. Finally, in the seventh part we consider the case when

$$f(x, y, z) = P(x, y, z), \quad g(x, y, z) = Q(x, y, z), \quad h(x, y, z) = R(x, y, z),$$

where P, Q, R are polynomials of degree not greater than n and the system of equations is non-autonomous.

8. In the eighth part we consider the case when

$$f(x, y, z) = P(x, y, z), \quad g(x, y, z) = Q(x, y, z), \quad h(x, y, z) = R(x, y, z),$$

where P, Q, R are polynomials of degree not greater than n and the system of equations is non-autonomous.

9. Finally, in the ninth part we consider the case when

$$f(x, y, z) = P(x, y, z), \quad g(x, y, z) = Q(x, y, z), \quad h(x, y, z) = R(x, y, z),$$

where P, Q, R are polynomials of degree not greater than n and the system of equations is non-autonomous.

10. In the tenth part we consider the case when

$$f(x, y, z) = P(x, y, z), \quad g(x, y, z) = Q(x, y, z), \quad h(x, y, z) = R(x, y, z),$$

where P, Q, R are polynomials of degree not greater than n and the system of equations is non-autonomous.

11. Finally, in the eleventh part we consider the case when

$$f(x, y, z) = P(x, y, z), \quad g(x, y, z) = Q(x, y, z), \quad h(x, y, z) = R(x, y, z),$$

where P, Q, R are polynomials of degree not greater than n and the system of equations is non-autonomous.

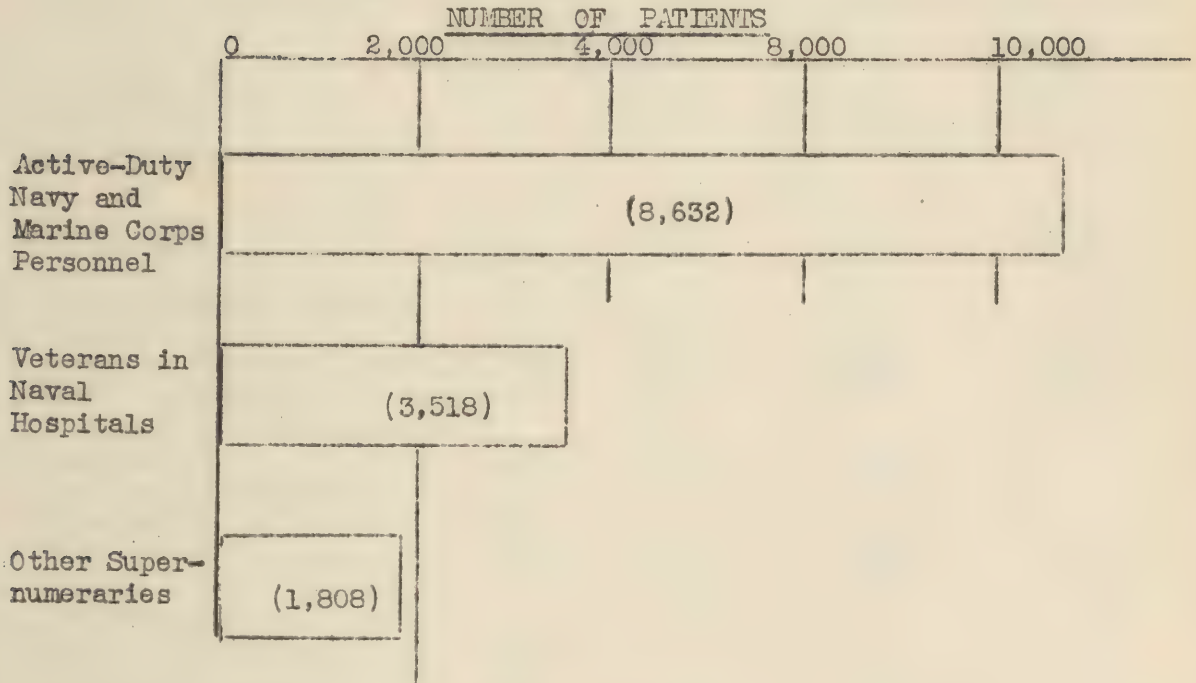
12. In the twelfth part we consider the case when

$$f(x, y, z) = P(x, y, z), \quad g(x, y, z) = Q(x, y, z), \quad h(x, y, z) = R(x, y, z),$$

where P, Q, R are polynomials of degree not greater than n and the system of equations is non-autonomous.

Chart 9

BENEFICIARY STATUS OF PATIENTS
REMAINING IN NAVAL HOSPITALS AND DISPENSARIES
IN THE UNITED STATES
JUNE 30, 1948



PERCENT OF ALL PATIENTS

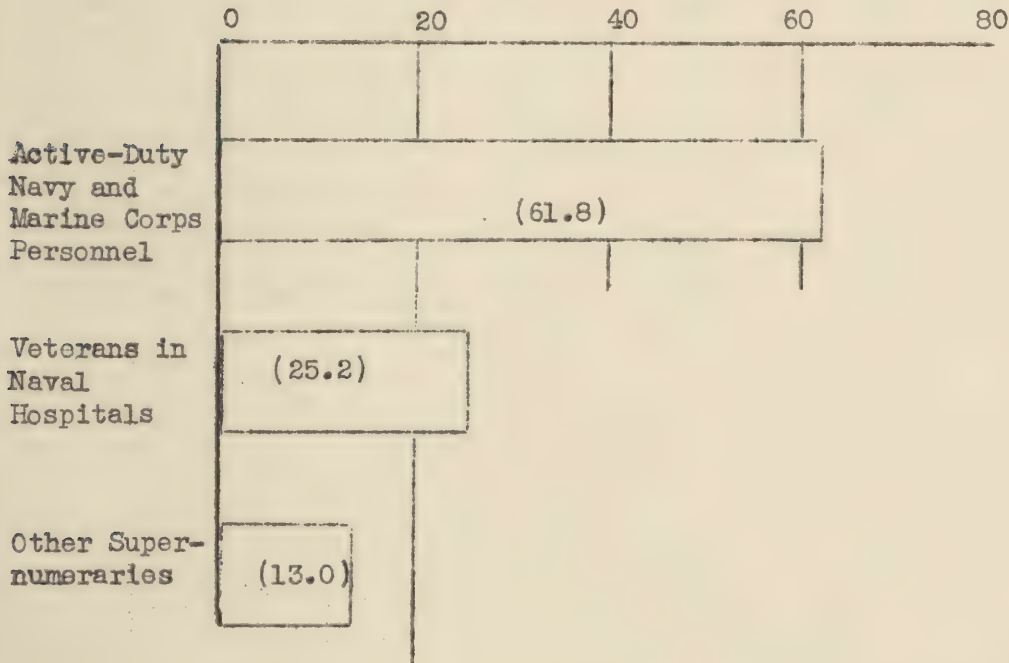


TABLE I

Summary of the results of the experiments conducted during the period from January 1, 1944, to December 31, 1944.

No.	Name	Date		Remarks
		Start	End	
1	John Doe	Jan 1	Jan 1	First entry
2	Jane Smith	Jan 2	Jan 2	Second entry
3	Robert Brown	Jan 3	Jan 3	Third entry
4	Mary White	Jan 4	Jan 4	Fourth entry
5	James Black	Jan 5	Jan 5	Fifth entry
6	Elizabeth Green	Jan 6	Jan 6	Sixth entry
7	William Hall	Jan 7	Jan 7	Seventh entry
8	Patricia King	Jan 8	Jan 8	Eighth entry
9	Richard Lee	Jan 9	Jan 9	Ninth entry
10	Susan Miller	Jan 10	Jan 10	Tenth entry

Continued on next page

Table 7

BENEFICIARY STATUS OF PATIENTS REMAINING IN
PUBLIC HEALTH SERVICE HOSPITALS^{a/}
June 30, 1948

Type of Beneficiary	All Hospitals		Marine Hospitals	Mental Hygiene Hospitals
	Number	Percent of Total		
<u>All Patients</u>	<u>7,300</u>	<u>100.0</u>	<u>5,367</u>	<u>1,933</u>
<u>Non-reimbursable Patients</u>				
Total	<u>5,251</u>	<u>71.9</u>	<u>3,999</u>	<u>1,252</u>
American Merchant Seamen:	<u>2,847</u>	<u>39.0</u>	<u>2,643</u>	<u>204</u>
Narcotic Addicts	<u>1,008</u>	<u>13.8</u>	-	<u>1,008</u>
Hansen's Disease Patients (Lepers).....	<u>405</u>	<u>5.5</u>	<u>405</u>	-
Employees Compensation				
Commission	<u>315</u>	<u>4.3</u>	<u>315</u>	-
Coast Guard Personnel ...	<u>305</u>	<u>4.2</u>	<u>291</u>	<u>14</u>
Seamen - Army Engineer and Transportation Corps.	<u>156</u>	<u>2.1</u>	<u>156</u>	-
Public Health Service Personnel	<u>88</u>	<u>1.2</u>	<u>73</u>	<u>15</u>
Maritime Service Enrollees	<u>15</u>	<u>0.2</u>	<u>15</u>	-
Seamen - Other Government vessels	<u>12</u>	<u>0.2</u>	<u>12</u>	-
Coast and Geodetic Survey Personnel	<u>6</u>	<u>0.1</u>	<u>6</u>	-
Special Study Patients ..	<u>56</u>	<u>0.7</u>	<u>45</u>	<u>11^{b/}</u>
Dependents of Army Personnel	<u>16</u>	<u>0.2</u>	<u>16</u>	-
Dependents of Navy and Marine Corps Personnel ...	<u>5</u>	<u>0.1</u>	<u>5</u>	-
Newborn	<u>11</u>	<u>0.2</u>	<u>11</u>	-
Emergency Patients	<u>6</u>	<u>0.1</u>	<u>6</u>	-

[illegible]

Table 7 (Continued)

BENEFICIARY STATUS OF PATIENTS REMAINING IN
PUBLIC HEALTH SERVICE HOSPITALS
June 30, 1948

Type of Beneficiary	All Hospitals		Marine Hospitals	Mental Hygiene Hospitals
	Number	Percent of Total		
<u>Reimbursable Patients</u>				
Total	<u>2,049</u>	<u>28.1</u>	<u>1,368</u>	<u>681</u>
Veterans	<u>1,316</u>	<u>18.0</u>	<u>1,075</u>	<u>241</u>
Navy & Marine Corp Personnel	361	4.9	5	356
Foreign Seamen	153	2.1	153	-
Immigration and Natural- ization Service Patients.	39	0.5	38	1
Army Personnel	53	0.7	10	43
St. Elizabeths Hospital Patients	39 ^{c/}	0.5	-	39 ^{c/}
Former WPA and CCC Employees	7	0.1	7	-
Dependents of Coast Guard Personnel	63	0.9	63	-
Coast & Geodetic Survey Personnel	2	^{e/}	2	-
Public Health Service Commissioned Officers ...	11	0.2	11	-
Bureau of Prisons Patient	1	^{e/}	1	-
Civilian Evacuee	2 ^{d/}	^{e/}	2 ^{d/}	-
Civilian Casualty	1 ^{d/}	^{e/}	1 ^{d/}	-
Other	1	^{e/}	-	1

- ^{a/} Including patients on leave or furlough; from the Marine
Hospitals and from the Mental Hygiene Hospitals.
- ^{b/} Reported as Special Study and Emergency Patients.
- ^{c/} Including 28 Indians.
- ^{d/} Medical Relief Section patients.
- ^{e/} Less than 0.1.

CONFIDENTIAL

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 10-10-01 BY 60322 UCBAW

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2. The information contained in the attached documents is classified as CONFIDENTIAL.

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4. The information contained in the attached documents is to be kept confidential.

5. The information contained in the attached documents is to be handled in accordance with the applicable laws and regulations.

6. The information contained in the attached documents is to be stored in a secure location.

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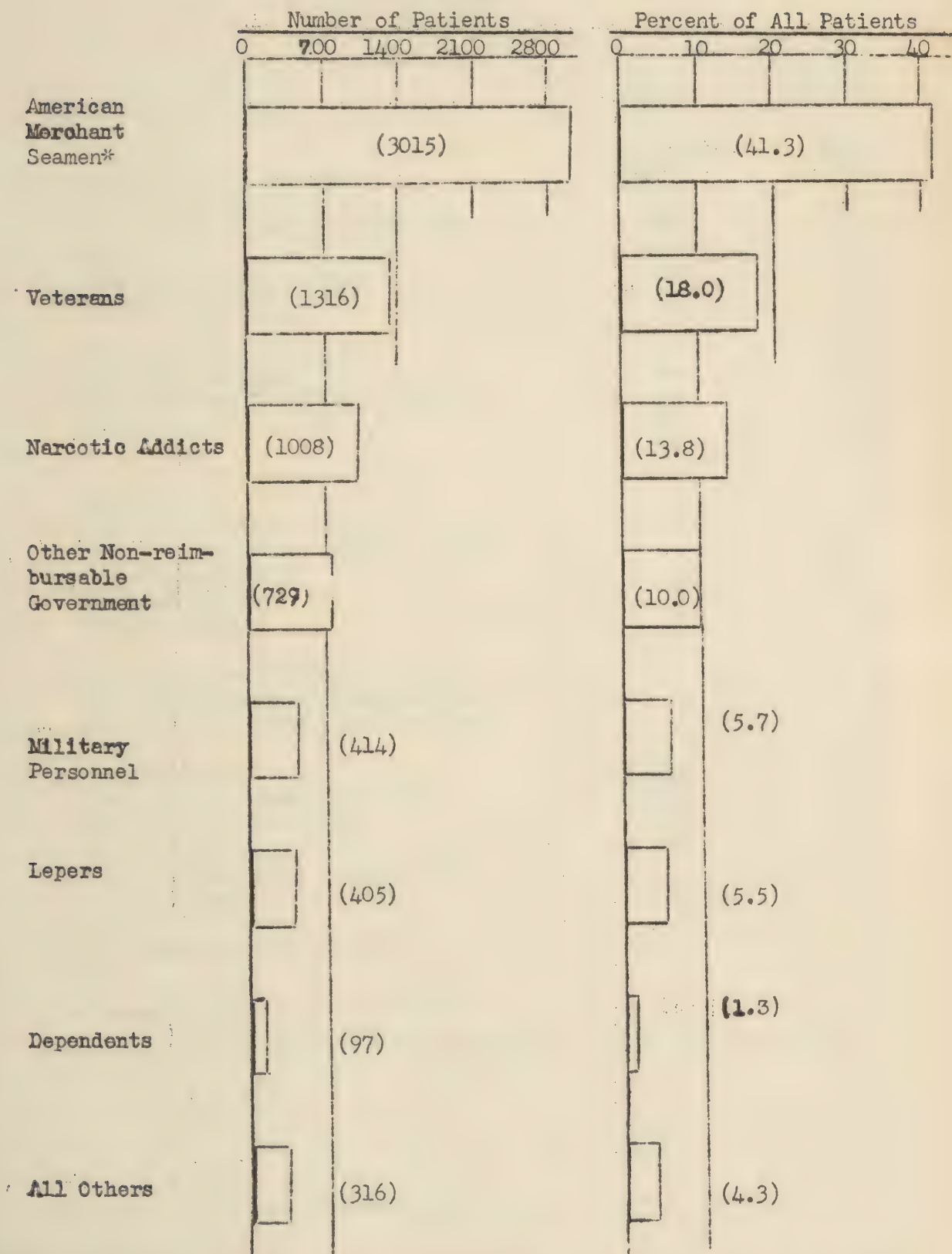
18. The information contained in the attached documents is to be used for internal purposes only.

19. The information contained in the attached documents is to be kept confidential.

20. The information contained in the attached documents is to be handled in accordance with the applicable laws and regulations.

Chart 10

BENEFICIARY STATUS OF PATIENTS REMAINING
IN PUBLIC HEALTH SERVICE HOSPITALS
June 30, 1948



* Including Seamen - Army Engineer Transportation Corps and Seamen of other government vessels.

Continued from page 9
 of the ...
 ...

BENEFICIARY STATUS OF PATIENTS IN
ST. ELIZABETHS HOSPITAL
June 30, 1948

<u>Type of Beneficiary</u>	<u>Number</u>	<u>Percent of Total</u>
All Patients	6,345 a/	100.0
Non-Reimbursable Patients	<u>1,107</u>	<u>17.4</u>
Army	325	5.1
District of Columbia Prisoners	245	3.9
Navy	159	2.5
Virgin Islands Residents	76	1.2
Public Health Service	60	0.9
United States Prisoners	61	1.0
Military Prisoners	46	0.7
U.S. Citizens Resident in Canada	46	0.7
Marine Corps	28	0.4
Coast Guard	18	0.3
Canal Zone	14	0.2
Bureau of National Homes	9	0.1
U.S. Soldiers Home, (Retired Army), Washington, D.C.	8	0.1
Interned Aliens	6	0.1
Foreign Service	2	b/
Immigration and Naturalization	2	b/
Bureau of Employees Compensation	2	b/
District of Columbia Non-resident	1	b/
Reimbursable Patients	<u>5,238</u>	<u>82.6</u>
District of Columbia Residents	4,950	78.0
Veterans Administration	212	3.3
Indian Service	54	0.9
U.S. Soldiers Home (Regular Army Non-retired)	20	0.3
Civil Works Administration	1	b/

a/ In addition there were 317 patients on leave from the hospital

b/ Less than 0.1

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Table 9

BENEFICIARY STATUS OF VETERANS ADMINISTRATION PATIENTS IN VETERANS
ADMINISTRATION AND NON-VETERANS ADMINISTRATION HOSPITALS

June 30, 1948

Beneficiary Status			Legal Status			
	Total		Service Connected	Non-Service Connected		
	Number	Percent of Total		Number	Percent of Total	
All Patients	<u>103,576^{a/}</u>	<u>100</u>	--	--	--	--
Veterans						
Total	<u>103,263</u>	<u>99.7</u>	<u>34,872</u>	<u>68,391</u>	<u>66.2</u>	
Civil War	3	b/	--	3	--	
Spanish Ameri- can War	2,765	2.7	72	2,693	97.4	
World War I	46,567	45.0	10,249	36,318	78.0	
World War II	50,804	49.0	22,472	28,332	55.8	
Other Wars	112	0.1	2	110	98.2	
Regular Estab- lishment	2,779	2.7	2,028	751	27.0	
Retired officers and enlisted men	233	0.2	49	184	79.0	
Non-Veterans						
Total	<u>313</u>	<u>0.3</u>	--	--	--	
Allied Soldiers	31	b/	--	--	--	
Employees Commen- sation Commission	136	0.1	--	--	--	
Navy & Marine Corps	9	b/	--	--	--	
Army & Air Force	21	b/	--	--	--	
Other	116	0.1	--	--	--	

^{a/} On June 30, 1948 there were an additional 13,512 Veterans Adminis-
tration patients on leave or furlough from Veterans Administration
and Non-Veterans Administration hospitals.

^{b/} Less than 0.1 percent.

^{c/} Includes 935 cases under observation.

REPORT

The purpose of this report is to provide a detailed account of the activities and findings of the research project conducted during the period from January 1, 1968, to December 31, 1968. The project was designed to investigate the effects of various factors on the growth and development of the organism under study.

1

The project was carried out under the supervision of Dr. J. H. Smith, who provided guidance and support throughout the study. The research was conducted in the laboratory of the Department of Biology, University of California, San Diego. The results of the study are presented in the following sections.

The following table summarizes the data collected during the study.

Date		Time		Location	
1/1/68	1/1/68	1/1/68	1/1/68	1/1/68	1/1/68
1/2/68	1/2/68	1/2/68	1/2/68	1/2/68	1/2/68
1/3/68	1/3/68	1/3/68	1/3/68	1/3/68	1/3/68
1/4/68	1/4/68	1/4/68	1/4/68	1/4/68	1/4/68
1/5/68	1/5/68	1/5/68	1/5/68	1/5/68	1/5/68
1/6/68	1/6/68	1/6/68	1/6/68	1/6/68	1/6/68
1/7/68	1/7/68	1/7/68	1/7/68	1/7/68	1/7/68
1/8/68	1/8/68	1/8/68	1/8/68	1/8/68	1/8/68
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2/21/68	2/21/68	2/21/68	2/21/68	2/21/68	2/21/68
2/22/68	2/22/68	2/22/68	2/22/68	2/22/68	2/22/68
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2/24/68	2/24/68	2/24/68	2/24/68	2/24/68	2/24/68
2/25/68	2/25/68	2/25/68	2/25/68	2/25/68	2/25/68
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2/30/68	2/30/68	2/30/68	2/30/68	2/30/68	2/30/68
3/1/68	3/1/68	3/1/68	3/1/68	3/1/68	3/1/68
3/2/68	3/2/68	3/2/68	3/2/68	3/2/68	3/2/68
3/3/68	3/3/68	3/3/68	3/3/68	3/3/68	3/3/68
3/4/68	3/4/68	3/4/68	3/4/68	3/4/68	3/4/68
3/5/68	3/5/68	3/5/68	3/5/68	3/5/68	3/5/68
3/6/68	3/6/68	3/6/68	3/6/68	3/6/68	3/6/68
3/7/68	3/7/68	3/7/68	3/7/68	3/7/68	3/7/68
3/8/68	3/8/68	3/8/68	3/8/68	3/8/68	3/8/68
3/9/68	3/9/68	3/9/68	3/9/68	3/9/68	3/9/68
3/10/68	3/10/68	3/10/68	3/10/68	3/10/68	3/10/68
3/11/68	3/11/68	3/11/68	3/11/68	3/11/68	3/11/68
3/12/68	3/12/68	3/12/68	3/12/68	3/12/68	3/12/68
3/13/68	3/13/68	3/13/68	3/13/68	3/13/68	3/13/68
3/14/68	3/14/68	3/14/68	3/14/68	3/14/68	3/14/68
3/15/68	3/15/68	3/15/68	3/15/68	3/15/68	3/15/68
3/16/68	3/16/68	3/16/68	3/16/68	3/16/68	3/16/68
3/17/68	3/17/68	3/17/68	3/17/68	3/17/68	3/17/68
3/18/68	3/18/68	3/18/68	3/18/68	3/18/68	3/18/68
3/19/68	3/19/68	3/19/68	3/19/68	3/19/68	3/19/68
3/20/68	3/20/68	3/20/68	3/20/68	3/20/68	3/20/68
3/21/68	3/21/68	3/21/68	3/21/68	3/21/68	3/21/68
3/22/68	3/22/68	3/22/68	3/22/68	3/22/68	3/22/68
3/23/68	3/23/68	3/23/68	3/23/68	3/23/68	3/23/68
3/24/68	3/24/68	3/24/68	3/24/68	3/24/68	3/24/68
3/25/68	3/25/68	3/25/68	3/25/68	3/25/68	3/25/68
3/26/68	3/26/68	3/26/68	3/26/68	3/26/68	3/26/68
3/27/68	3/27/68	3/27/68	3/27/68	3/27/68	3/27/68
3/28/68	3/28/68	3/28/68	3/28/68	3/28/68	3/28/68
3/29/68	3/29/68	3/29/68	3/29/68	3/29/68	3/29/68
3/30/68	3/30/68	3/30/68	3/30/68	3/30/68	3/30/68
3/31/68	3/31/68	3/31/68	3/31/68	3/31/68	3/31/68

The data collected during the study are presented in the following table. The table shows the results of the study for each day of the study period. The data are presented in a tabular format, with columns for the date, time, location, and the results of the study.

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Table 10

BENEFICIARY STATUS OF PATIENTS IN VA HOSPITALS
June 30, 1948

Beneficiary Status	Number of Patients				
	Total		Legal Status		
	Number	Percent of Total	Service Connected	Non-service Number	Percent of non-service connected
All Patients	<u>91,290</u>	a/ <u>100.0</u>	-	-	-
Veterans					
Total	<u>90,983</u>	<u>99.7</u>	<u>30,283</u>	<u>60,700</u>	<u>66.7</u>
Civil War	3	b/	-	3	-
Spanish American War	2,546	2.8	50	2,496	98.0
World War I	42,776	46.9	9,506	33,270	77.8
World War II	42,615	46.7	18,694	23,921	56.1
Other Wars	107	0.1	1	106	99.1
Regular Establish- ment	2,703	3.0	1,983	720	26.6
Retired Officers and Enlisted men	233	0.2	49	184	79.0
Non-Veterans					
Total	<u>307</u>	<u>0.3</u>	-	-	-
Allied Soldiers	25	b/	-	-	-
Employees Compen- sation Commission	136	0.1	-	-	-
Navy and Marine Corps	9	b/	-	-	-
Army and Air Force	21	b/	-	-	-
Other	116	0.1	-	-	-

a/ On June 30, 1948 there were an additional 13,358 VA patients on leave or furlough from the VA hospitals.

b/ Less than 0.1

18

Table 11

BENEFICIARY STATUS OF VETERANS ADMINISTRATION PATIENTS IN
NON-VETERANS ADMINISTRATION HOSPITALS
June 30, 1948

Beneficiary Status	Total		Legal Status		
			Service Connected	Non-Service Connected	
	Number	Percent of Total		Number	Percent of Total
All Patients	<u>12,286^{a/}</u>	<u>100.0</u>	---	---	---
Veterans					
Total	<u>12,280</u>	<u>100.0</u>	<u>4,589</u>	<u>7,691</u>	<u>62.6</u>
Civil War	---	--	---	---	---
Spanish Amer- ican War	219	1.8	22	197	90.0
World War I	3,791	30.8	743	3,048	80.4
World War II	8,189	66.6	3,778	4,411	53.9
Other Wars	5	<u>b/</u>	1	4	80.0
Regular Estab- lishment	76	0.8	45	31	40.8
Retired officers and enlisted men	---	---	---	---	---
Non-Veterans					
Total	<u>6</u>	<u>b/</u>	---	---	---
Allied Soldiers	6	<u>b/</u>	---	---	---

^{a/} On June 30, 1948 there were an additional 154 Veterans Administration patients on leave or furlough from Non-Veterans Administration hospitals.

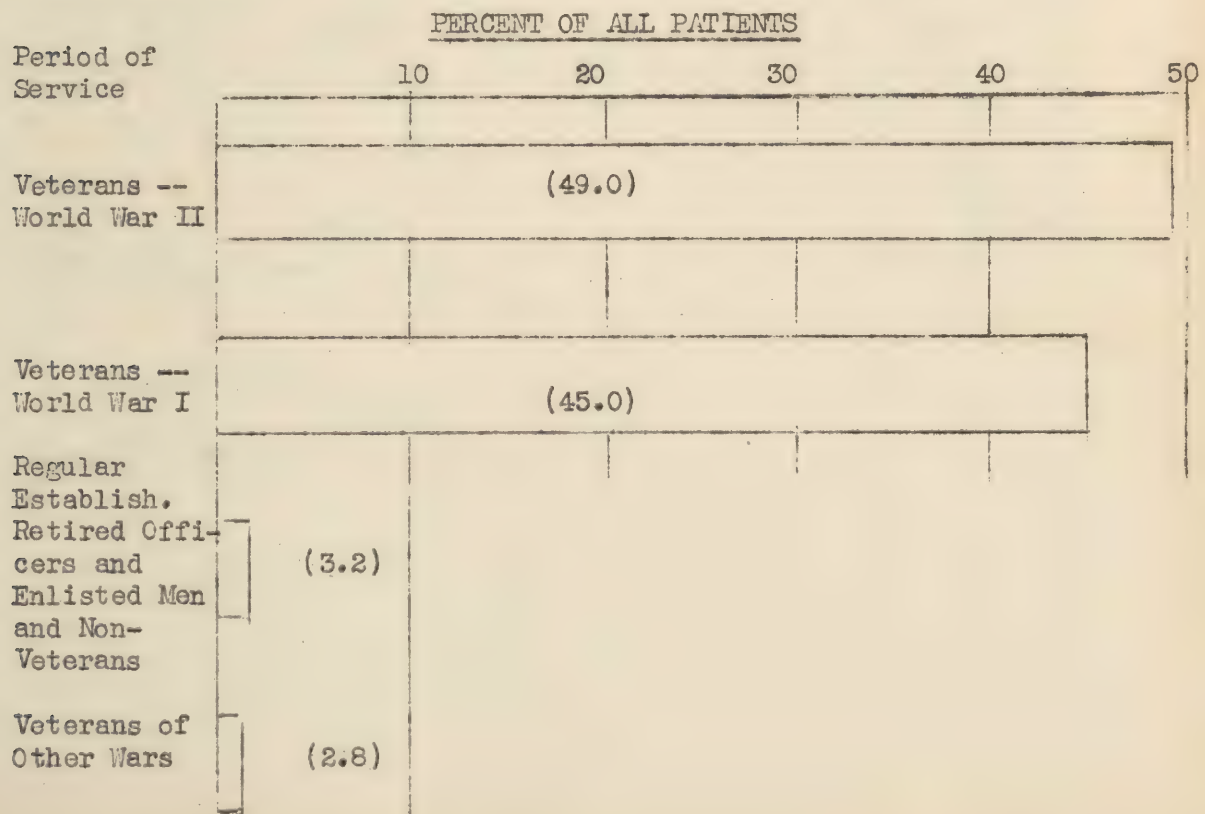
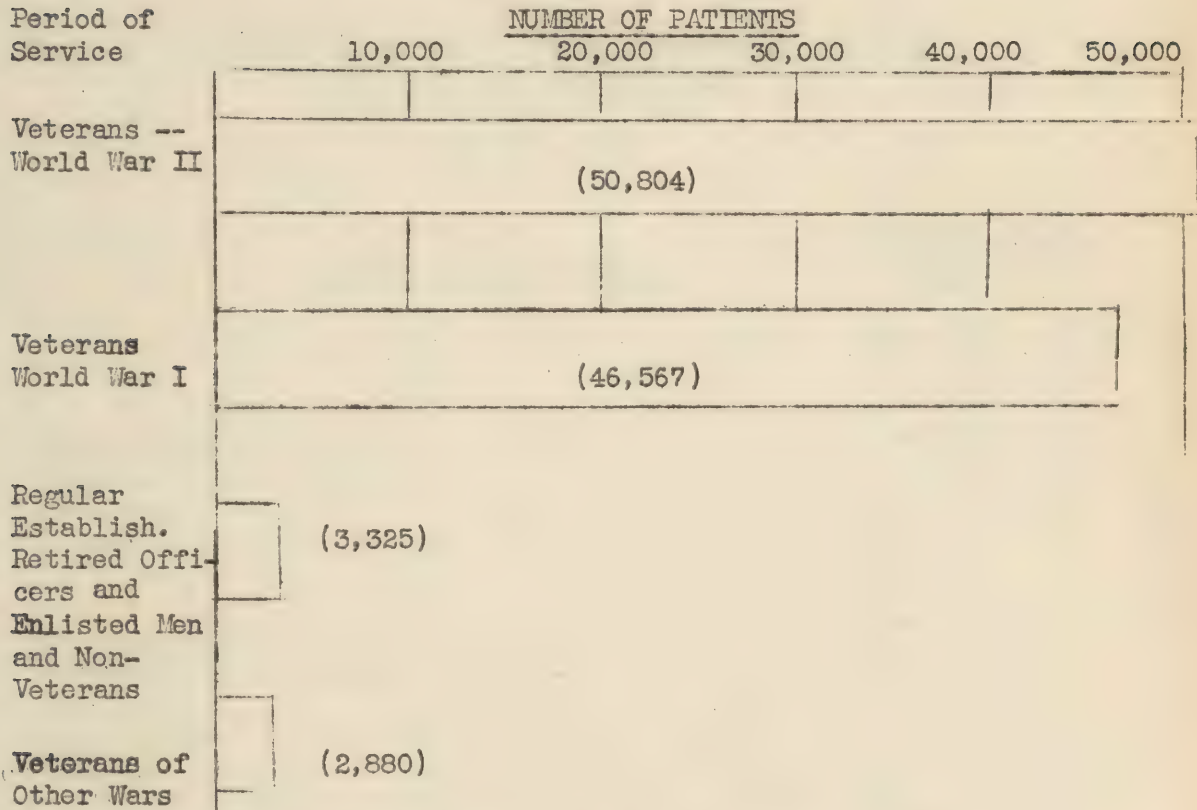
^{b/} Less than 0.1 percent.

[illegible]

1. The first part of the document is a list of names and addresses, which appears to be a directory or a list of contacts. The names are written in a cursive script, and the addresses are listed below them.

1890

**BENEFICIARY STATUS OF VETERANS ADMINISTRATION
PATIENTS IN VETERANS ADMINISTRATION AND
NON-VETERANS ADMINISTRATION HOSPITALS
June 30, 1948**



THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY
JANUARY 1954

Dr. J. H. Duerksen
Director

Dear Dr. Duerksen:

Enclosed are

three copies of a report on the work done during the past year. I am sure that you will find it of interest. I am also enclosing a copy of a letter from Dr. J. H. Duerksen to Dr. J. H. Duerksen, dated January 1954.

Very truly,
Yours,
J. H. Duerksen

Dr. J. H. Duerksen
Director
Department of Chemistry
University of Chicago
Chicago, Illinois

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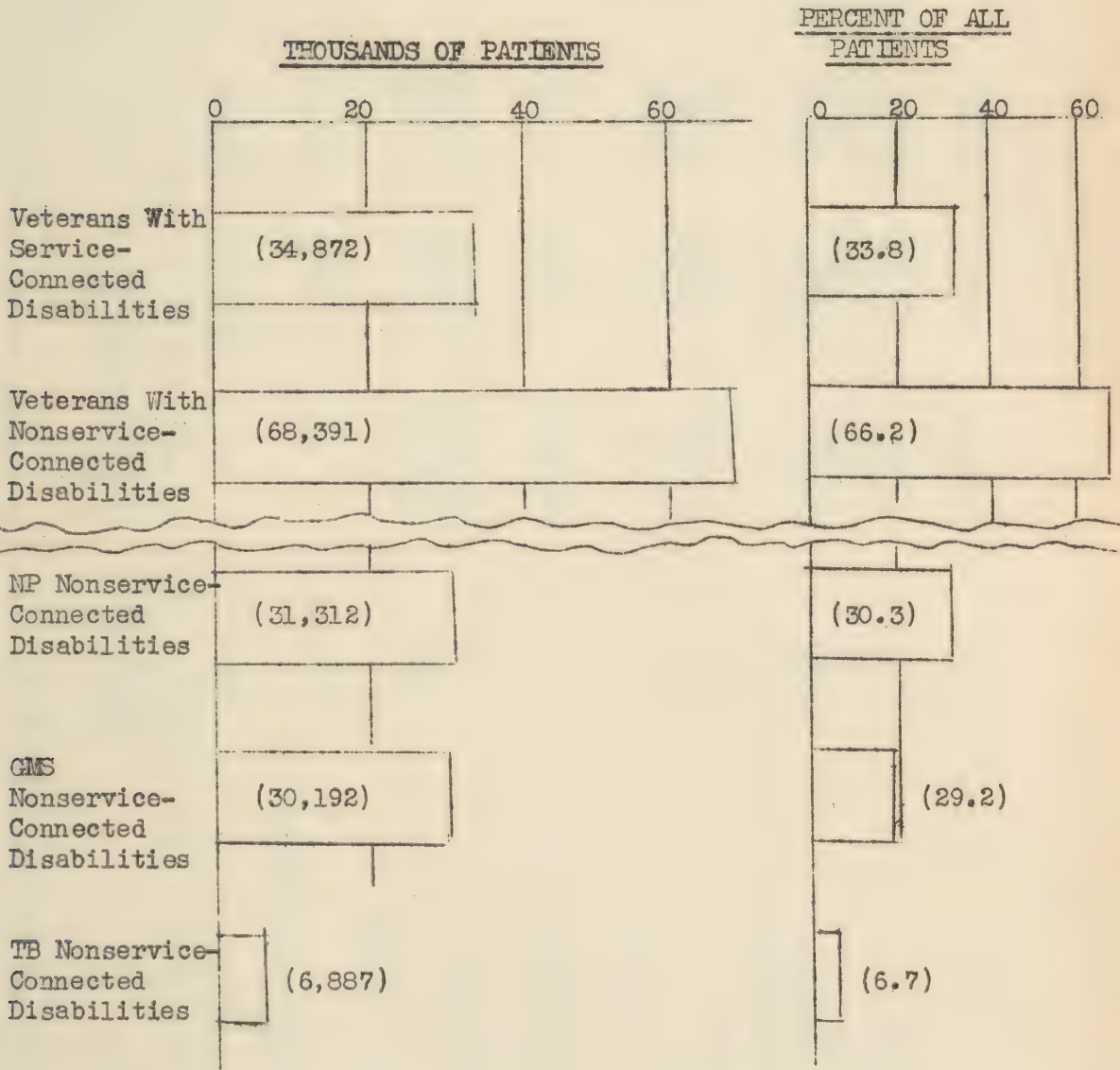
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Chart 12

LEGAL STATUS OF VETERANS ADMINISTRATION PATIENTS
IN VETERANS AND NON-VETERANS
ADMINISTRATION HOSPITALS
June 30, 1948



APPENDIX

TABLE I. SUMMARY OF THE DATA FOR THE FIRST SERIES OF EXPERIMENTS

TABLE II. SUMMARY OF THE DATA FOR THE SECOND SERIES OF EXPERIMENTS

TABLE III. SUMMARY OF THE DATA FOR THE THIRD SERIES OF EXPERIMENTS

TABLE IV. SUMMARY OF THE DATA FOR THE FOURTH SERIES OF EXPERIMENTS

TABLE V. SUMMARY OF THE DATA FOR THE FIFTH SERIES OF EXPERIMENTS

TABLE VI. SUMMARY OF THE DATA FOR THE SIXTH SERIES OF EXPERIMENTS

TABLE I. SUMMARY OF THE DATA FOR THE FIRST SERIES OF EXPERIMENTS		TABLE II. SUMMARY OF THE DATA FOR THE SECOND SERIES OF EXPERIMENTS	
1	2	1	2
3	4	3	4
5	6	5	6
7	8	7	8
9	10	9	10
11	12	11	12
13	14	13	14
15	16	15	16
17	18	17	18
19	20	19	20
21	22	21	22
23	24	23	24
25	26	25	26
27	28	27	28
29	30	29	30
31	32	31	32
33	34	33	34
35	36	35	36
37	38	37	38
39	40	39	40
41	42	41	42
43	44	43	44
45	46	45	46
47	48	47	48
49	50	49	50
51	52	51	52
53	54	53	54
55	56	55	56
57	58	57	58
59	60	59	60
61	62	61	62
63	64	63	64
65	66	65	66
67	68	67	68
69	70	69	70
71	72	71	72
73	74	73	74
75	76	75	76
77	78	77	78
79	80	79	80
81	82	81	82
83	84	83	84
85	86	85	86
87	88	87	88
89	90	89	90
91	92	91	92
93	94	93	94
95	96	95	96
97	98	97	98
99	100	99	100

Table 12

SUMMARY OF BEDS AND PATIENTS IN FEDERAL HOSPITALS IN THE UNITED STATES, BY AGENCY^{a/}
June 30, 1948

Agency	Number of Hospitals	Number of Beds		Total	Number of Patients		
		Capacity	Operating		By Type of Care		
					TB	NP	GMS
GRAND TOTAL	495	NA	200,336	155,882	13,945	63,096	78,841
NATIONAL MILITARY ESTABLISHMENT							
Total	237	NA	58,128	32,683	1,197	2,867	28,619
Department of the Army							
Total	55	54,465	27,976	16,142	719	1,909	13,514
Station Hospitals	41	30,237	8,714	3,600	6 ^{c/}	154 ^{c/}	3,440 ^{d/}
General Hospitals	14	24,228	19,262	12,542	713	1,755	10,074
Department of the Air Force							
Station Hospitals	54	15,954	5,650	2,583	2 ^{c/}	96 ^{c/}	2,485 ^{d/}
Department of the Navy							
Total	128	NA	24,502	13,958	476	862	12,620
Hospitals	27	27,965	17,825	12,800	476	862	11,462
Dispensaries	101	NA	6,677	1,158	-	-	1,158 ^{c/}
VETERANS ADMINISTRATION							
Hospitals - Total	125	110,577	102,219	91,290	10,821	52,619	27,850
TB Hospitals	18	8,975	7,825	6,919	6,144	41	734
NP Hospitals	33	53,005	50,636	47,141	263	45,145	1,733
GMS Hospitals	74	48,597	43,758	37,230	4,414	7,433	25,383
Domiciles	12	16,494	16,174	14,259	-	-	14,259 ^{d/}

Table 12 (Continued)

SUMMARY OF BEDS AND PATIENTS IN FEDERAL HOSPITALS IN THE UNITED STATES, BY AGENCY^{2/}
June 30, 1948

Agency	Number of Hospitals	Number of Beds		Number of Patients			
		Capacity	Operating	Total	By Type of Care		
					TB	NP	GMS
JUSTICE DEPARTMENT (Bureau of Prisons)							
Total	26	2,754	2,205	1,216	54	123	1,039
Medical Center							
Center		998	998	663	54 ^{c/}	123 ^{c/}	486 ^{c/}
Camp	1	144	144	117	-	-	117 ^{c/}
Prison Dispensaries							
Total	25	1,612	1,063	436	-	-	436
Penitentiaries	6	791	542	243	-	-	243
Reformatories	5	299	240	77	-	-	77
Correctional Institutions	9	380	229	100	-	-	100
Camps	4	133	43	6	-	-	6
Federal Detention Headquarters	1	9	9	10	-	-	10
FEDERAL SECURITY AGENCY							
Total	28	16,641	17,738	14,027	953	7,487	5,587
Public Health Service - Total							
Marine General Hospitals	26	9,143	10,240	7,300	827	1,142	5,331
Marine TB Hospitals	21	5,752	6,598	4,538	405	217	3,916
Leprosarium	2	487	537	425	422	-	3
Mental Hygiene Hospitals	1	454	538	404	-	-	404 ^{b/}
	2	2,450	2,567	1,933	-	925	1,008 ^{b/}
St. Elizabeths	1	7,000	7,000	6,345	-	6,345	-
Freedmens	1	498	498	382	126	-	256

1914

1915

1916

1917

1918

1919

1920

1921

1922

1923

1924

1925

Table 12 (Concluded)

SUMMARY OF BEDS AND PATIENTS IN FEDERAL HOSPITALS IN THE UNITED STATES, BY AGENCY^{a/}
June 30, 1948

Agency	Number of Hospitals	Number of Beds		Total	Number of Patients		
		Capacity	Operating		TB	NP	GMS
INTERIOR DEPARTMENT							
Total	67	NA	3,872	2,407	920	-	1,487
Indian Service							
Total	66	NA	3,864	2,404	920	-	1,484
United States							
Total	58	NA	3,444	2,049	716	-	1,333
GMS Hospitals	54	NA	2,941	1,667	334	-	1,333
TB Hospitals	4	NA	503	382	382	-	-
Alaska Native Service							
Total	8	NA	420	355	204	-	151
GMS Hospitals	7	NA	270	224	73	-	151
TB Hospitals	1	NA	150	131	131	-	-
Fish and Wildlife Service	1	8	8	3	-	-	3

NA - Not available.

a/ Excluding dispensaries of the Coast Guard (4) and Maritime Commission.

b/ Hospitalized narcotic addicts.

c/ Estimated.

d/ Domiciliary patients. Excluding domiciliary patients (16) not in domiciles.

e/ All patients in dispensaries have been considered GMS although there may be a few TB or NP at any one time.

TABLE 13

BEDS, TYPE OF PATIENT AND PATIENTS BY BENEFICIARY STATUS IN FEDERAL HOSPITALS IN THE UNITED STATES ON JUNE 30, 1948

AREA, STATE AND HOSPITAL	AGENCY	TYPE OF HOS- PITAL ^a	NUMBER OF BEDS		NUMBER OF PATIENTS	PATIENTS BY TYPE OF DISABILITY			PATIENTS BY BENEFICIARY STATUS ^b				
			Capac- ity	Oper- ating		TB	NP	GMS ^d	Prime Bene- ficiaries	Contingent Beneficiaries			
										Total	Dependents	Veterans	Others
NEW ENGLAND													
MASSACHUSETTS													
Murphy	Army	G	540	540	311	--	--	311	234	77	(e)	--	77
Westover Field	Air Force	S	392	125	43	--	--	43	41	2	(e)	--	2
Chelsea	Navy	G	914	700	470	15	31	424	324	146	37	86	23
Boston Naval Recruiting Station ...	Navy	D	N.A.	25	--	--	--	--	--	--	--	--	--
Squantum Navy Air Station	Navy	D	N.A.	12	4	--	--	4	4	--	--	--	--
Boston	PHS	G	372	364	255	32	--	223	192	63	8	45	10
Vineyard Haven	PHS	G	24	39	11	--	--	11	11	--	--	--	--
Rutland Heights	VA	TB	637	524	478	471	--	7	205	273	--	269	4
Bedford	VA	NP	1,875	1,844	1,844	--	1,844	--	977	867	--	867	--
Northampton	VA	NP	1,105	1,105	1,085	--	1,084	1	577	508	--	507	1
Framingham	VA	G	1,000	1,000	826	65	370	391	261	565	--	564	1
West Roxbury	VA	G	382	382	317	6	53	258	62	255	--	255	--
CONNECTICUT													
Newington	VA	G	387	352	220	21	12	187	43	177	--	177	--
New London Submarine Base	Navy	D	N.A.	164	23	--	--	23	21	2	(e)	--	2
RHODE ISLAND													
Newport	Navy	G	725	725	491	7	39	445	296	195	17	167	11
Charleston Naval Air Aux. Station .	Navy	D	N.A.	16	5	--	--	5	5	--	--	--	--
Newport Naval Training Center	Navy	D	N.A.	20	--	--	--	--	--	--	--	--	--
Quonset Point Naval Air Station ...	Navy	D	N.A.	170	41	--	--	41	41	--	--	--	--
NEW HAMPSHIRE													
Portsmouth	Navy	G	380	150	66	--	--	66	17	49	15	30	4
Portsmouth Naval Disciplinary Barr.	Navy	D	N.A.	56	3	--	--	3	3	--	--	--	--
Greiner Air Base	Air Force	S	141	25	3	--	--	3	3	--	--	--	--
MAINE													
Portland	PHS	G	72	72	51	--	--	51	21	30	3	20	7
Togus	VA	NP	924	915	708	15	512	181	233	475	--	473	2
Dow Air Base	Air Force	S	166	50	15	--	--	15	13	2	(e)	--	2
VERMONT													
White River Junction	VA	G	250	250	212	6	23	183	33	179	--	179	--
MIDDLE ATLANTIC													
NEW YORK													
St Albans	Navy	G	2,112	1,400	987	251	37	699	612	375	35	226	114
Brooklyn Navy Recruiting Station ..	Navy	D	N.A.	37	8	--	--	8	8	--	--	--	--

See footnotes at end of table.

AREA, STATE AND HOSPITAL	AGENCY	TYPE OF HOS- PITAL ^a	NUMBER OF BEDS		NUMBER OF PATIENTS	PATIENTS BY TYPE OF DISABILITY			Prime Bene- ficiaries	Contingent Beneficiaries				
			Capac- ity	Oper- ating		TB	NP	GMS ^d		Total	Dependents	Veterans	Others	
MIDDLE ATLANTIC--Cont.														
NEW YORK--Cont.														
New York Navy Air Station	Navy	D	N.A.	25	1	--	--	1	1	--	--	--	--	--
Scotia Navy Supply Depot	Navy	D	N.A.	13	1	--	--	1	1	--	--	--	--	--
Ft. Totten	Army	G	75	100	48	--	--	48	27	21	(e)	--	21	--
Mitchell Air Base	Air Force	S	633	250	87	--	--	87	71	16	(e)	--	16	--
Stewart Air Base	Air Force	S	94	25	7	--	--	7	7	--	--	--	--	--
Fort Hamilton	Army	S	312	100	36	--	--	36	1	35	(e)	--	35	--
Fort Jay	Army	S	229	350	164	--	--	164	142	22	(e)	--	22	--
U. S. Military Academy	Army	S	192	262	62	--	--	62	36	26	(e)	--	26	--
Buffalo	PHS	G	75	76	44	--	--	44	23	21	--	20	1	--
Neponsit Beach	PHS	TB	250	300	257	257	--	--	233	24	3	6	15	--
Ellis Island	PHS	G	435	454	300	62	139	99	247	53	1	--	52	--
Staten Island	PHS	G	869	1,050	745	42	29	674	683	62	13	--	49	--
Puerto Rico	PHS	G	48	87	68	--	--	68	32	36	--	34	2	--
Batavia	VA	G	294	294	263	2	44	217	82	181	--	179	2	--
Bath	VA	G	466	466	359	4	76	279	57	302	--	302	--	--
Bronx	VA	G	1,670	1,543	1,397	112	206	1,079	251	1,146	--	1,141	5	--
Brooklyn-Manhattan Beach	VA	G	400	350	304	1	115	188	36	268	--	268	--	--
Saratoga Springs	VA	G	50	50	43	--	--	43	12	31	--	31	--	--
Staten Island	VA	G	1,500	1,125	1,005	248	250	507	378	627	--	622	5	--
Puerto Rico	VA	G	200	200	191	--	9	182	16	175	--	175	--	--
Castle Point	VA	TB	619	619	571	555	--	16	203	368	--	362	6	--
Sunmount	VA	TB	564	564	490	470	--	20	230	260	--	256	4	--
Canandaigua	VA	NP	1,742	1,742	1,638	--	1,637	1	774	864	--	864	--	--
Northport	VA	NP	2,714	2,714	2,608	--	2,598	10	1,739	869	--	866	3	--
PENNSYLVANIA														
Philadelphia	Navy	G	1,420	1	878	13	57	808	229	649	42	560	47	--
Mechanicsburg Navy Supply Depot	Navy	D	N.A.	50	--	--	--	--	--	--	--	--	--	--
Willow Grove Navy Air Station	Navy	D	N.A.	50	2	--	--	2	2	--	--	--	--	--
Olmsted Air Base	Air Force	S	47	25	5	--	--	5	5	--	--	--	--	--
Carlisle Barracks	Army	S	97	100	27	--	--	27	20	7	(e)	--	7	--
New Cumberland	Army	S	100	100	24	--	--	24	10	14	(e)	--	14	--
Valley Forge	Army	G	2,082	2,082	1,433	--	215	1,218	1,215	218	(e)	141	77	--
Pittsburgh	PHS	G	73	79	57	--	--	57	12	45	--	39	6	--
Aspinwall	VA	G	943	943	869	4	77	788	155	714	--	714	--	--
Butler	VA	G	1,000	964	835	500	12	323	297	538	--	533	5	--
Coatesville	VA	NP	2,119	2,119	2,054	--	2,052	2	1,084	970	--	969	1	--
Lebanon	VA	NP	477	285	246	--	6	240	45	201	--	201	--	--
NEW JERSEY														
Earle Ammunition	Navy	D	N.A.	46	--	--	--	--	--	--	--	--	--	--
Atlantic City Navy Air Station	Navy	D	N.A.	75	--	--	--	--	--	--	--	--	--	--

AREA, STATE AND HOSPITAL	AGENCY	TYPE OF HOS- PITAL ^a	NUMBER OF BEDS		NUMBER OF PATIENTS	PATIENTS BY TYPE OF DISABILITY			PATIENTS BY BENEFICIARY STATUS ^b						
			Capac- ity	Oper- ating		TB	NP	GMS ^d	Prime Bene- ficiaries	Total	Dependents	Veterans	Others		
MIDDLE ATLANTIC--Cont.															
NEW JERSEY--Cont.															
Lakehurst Navy Air Station	Navy	D	N.A.	44	2	--	--	2	2	--	--	--	--	--	--
Camp Kilmer	Army	S	1,419	800	156	--	--	156	136	20	(c)	--	--	3	--
Fort Monmouth	Army	S	818	300	133	--	--	133	104	29	(c)	--	--	29	--
Tilton	Army	G	2,359	1,500	936	--	66	870	713	223	(c)	179	44	44	--
Lyons	VA	NP	2,557	2,399	2,373	--	2,273	100	806	1,567	--	1,566	1	1	--
SOUTH ATLANTIC															
MARYLAND															
Annapolis	Navy	G	333	200	62	--	--	62	42	20	15	--	--	5	--
Bethesda	Navy	G	1,418	1,350	1,017	9	152	856	476	541	120	341	--	80	--
Indian Head Naval Powder Factory ..	Navy	D	N.A.	18	1	--	--	1	1	--	--	--	--	--	--
Patuxent Navy Air Station	Navy	D	293	293	45	--	--	45	25	20	(c)	--	--	20	--
Bainbridge Navy School	Navy	D	N.A.	40	1	--	--	1	1	--	--	--	--	--	--
Aberdeen Prov. Ground	Army	S	690	150	74	--	--	74	41	33	(c)	--	--	33	--
Army Chemical Center	Army	S	187	50	7	--	--	7	6	1	(c)	--	--	1	--
Camp Detrick	Army	S	60	25	--	--	--	--	--	--	--	--	--	--	--
Fort Meade	Army	S	697	250	94	--	--	94	73	21	(c)	--	--	21	--
Fort Howard	VA	G	483	443	402	55	27	320	48	354	--	354	--	--	--
Perry Point	VA	NP	1,910	1,910	1,802	90	1,641	71	757	1,045	--	1,044	--	1	--
Baltimore	PHS	G	500	551	334	--	--	334	279	55	10	35	--	10	--
DELAWARE															
Wilmington	VA	G	150	150	133	--	--	133	23	110	--	110	--	--	--
DISTRICT OF COLUMBIA															
Anacostia Navy Air Station	Navy	D	N.A.	10	1	--	--	1	1	--	--	--	--	--	--
Washington Recruiting Station	Navy	D	N.A.	28	1	--	--	1	1	--	--	--	--	--	--
Anacostia Research Lab	Navy	D	N.A.	6	--	--	--	--	--	--	--	--	--	--	--
Walter Reed	Army	G	2,100	2,100	1,422	--	357	1,065	1,125	297	(c)	26	--	271	--
Andrews Air Base	Air Force	S	112	50	17	--	--	17	17	--	--	--	--	--	--
Bolling Air Base	Air Force	S	233	175	73	--	--	73	27	46	(c)	--	--	46	--
Mt. Alto	VA	G	335	317	273	2	18	253	40	233	--	232	--	1	--
VIRGINIA															
Portsmouth	Navy	G	1,203	1,100	710	8	62	640	519	191	97	70	--	24	--
Quantico	Navy	G	261	150	101	--	2	99	82	19	19	--	--	--	--
Alexandria Ord. Plant	Navy	D	N.A.	21	1	--	--	1	1	--	--	--	--	--	--
Dahlgren Naval Proving Ground	Navy	D	N.A.	14	--	--	--	--	--	--	--	--	--	--	--
Quantico Marine Corps Air Station ..	Navy	D	N.A.	40	1	--	--	1	1	--	--	--	--	--	--
Quantico Marine Corps School	Navy	D	N.A.	66	--	--	--	--	--	--	--	--	--	--	--
Chincoteague Aux. Air Station	Navy	D	N.A.	52	14	--	--	14	9	5	(c)	--	--	5	--
Little Creek Phib. Base	Navy	D	N.A.	80	14	--	--	14	14	--	--	--	--	--	--

AREA, STATE AND HOSPITAL	AGENCY	TYPE OF HOS- PITAL ^a	NUMBER OF BEDS		NUMBER OF PATIENTS	PATIENTS BY TYPE OF DISABILITY			PATIENTS BY BENEFICIARY STATUS ^b			
			Capac- ity	Oper- ating		TB	NP	GMS ^d	Prime Bene- ficiaries	Contingent Beneficiaries		
										Total	Dependents	Veterans Others
SOUTH ATLANTIC--Cont.												
VIRGINIA--Cont.												
Oceana Aux. Air Station	Navy	D	N.A.	25	3	--	--	3	--	--	--	--
Yorktown Mine Depot	Navy	D	N.A.	103	5	--	--	5	--	--	--	--
Yorktown Mine Warfare School	Navy	D	N.A.	10	--	--	--	--	--	--	--	--
Norfolk Marine Corps Supply Depot ..	Navy	D	N.A.	1	--	--	--	--	--	--	--	--
Norfolk Navy Air Station	Navy	D	N.A.	118	25	--	--	25	--	--	--	--
Norfolk Naval Re-training Com.	Navy	D	N.A.	20	10	--	--	10	--	--	--	--
Norfolk Naval Station	Navy	D	N.A.	297	61	--	--	61	--	--	--	--
Langley Air Base	Air Force	S	366	100	46	--	--	46	13	(e)	--	13
Fort Eustice	Army	S	522	100	51	--	--	51	7	(e)	--	7
Camp Lee	Army	S	1,200	390	101	--	--	101	89	(e)	--	89
Fort Monroe	Army	S	149	100	53	--	--	53	16	(e)	--	16
Fort Belvoir	Army	S	893	350	186	--	--	186	34	(e)	19	34
Fort Myer	Army	S	119	160	80	--	--	80	25	(e)	--	25
Norfolk	PHS	G	360	417	275	5	--	276	59	12	27	59
Kecoughtan	VA	G	604	561	410	57	114	239	46	264	--	363
Richmond	VA	G	1,000	1,000	795	191	106	493	253	537	--	529
Roanoke	VA	NP	2,000	2,000	1,836	--	1,713	123	497	1,339	--	1,338
WEST VIRGINIA												
Huntington	VA	G	290	240	225	2	17	206	35	190	--	190
Martinsburg	VA	G	1,000	700	598	219	120	259	147	451	--	451
NORTH CAROLINA												
Camp Lejeune	Navy	G	1,178	300	187	--	6	181	163	24	20	4
Camp Lejeune	Navy	D	N.A.	53	8	--	--	8	8	--	--	--
Cherry Point-Marine Corps Air Sta.	Navy	D	N.A.	219	31	--	--	31	16	15	(e)	15
Fort Bragg	Army	S	2,261	625	381	--	--	381	309	72	(e)	60
Fayetteville	VA	G	460	258	230	5	47	178	57	173	--	172
Uteon	VA	TB	996	996	890	854	--	36	438	452	--	429
Swannanoa	VA	TB	1,000	504	357	214	1	142	197	160	--	156
Cherokee	Ind. Serv.	G	N.A.	28	21	--	--	21	N.A.	N.A.	N.A.	N.A.
SOUTH CAROLINA												
Charleston	Navy	G	672	450	292	3	29	260	155	137	13	120
Parris Island	Navy	G	300	150	129	--	--	129	115	14	10	4
Charleston Ammunition Depot	Navy	D	N.A.	4	--	--	--	--	--	--	--	--
Parris Island	Navy	D	N.A.	104	54	--	--	54	54	--	--	--
Greenville Air Base	Air Force	S	328	100	41	--	--	41	30	11	(e)	11
Shaw Air Base	Air Force	S	144	75	49	--	--	49	42	7	(e)	7
Fort Jackson	Army	S	2,396	500	371	--	--	371	344	27	(e)	27
Columbia	VA	G	700	700	607	77	63	467	71	536	--	536

AREA, STATE AND HOSPITAL	AGENCY	TYPE OF HOS- PITAL ^a	NUMBER OF BEDS		NUMBER OF PATIENTS	PATIENTS BY TYPE OF DISABILITY			PATIENTS BY BENEFICIARY STATUS ^b				
			Capac- ity	Oper- ating		TB	NP	GMS ^d	Prime Bene- ficiaries	Contingent Beneficiaries			
										Total	Dependents	Veterans	Others
SOUTH ATLANTIC--Cont.													
GEORGIA ^e													
Atlanta Air Station	Navy	D	N.A.	25	11	--	--	11	--	--	--	--	--
Glynnco Air Field	Navy	D	N.A.	28	--	--	--	--	--	--	--	--	--
Oliver	Army	G	1,500	1,500	953	--	66	887	706	247	(c)	158	89
Robins Air Base	Air Force	S	388	25	6	--	--	6	4	2	(c)	--	2
Turner Air Base	Air Force	S	119	50	30	--	--	30	29	1	(c)	--	1
Fort Benning	Army	S	2,072	600	288	--	--	288	177	111	(c)	43	68
Fort McPherson	Army	S	701	200	45	--	--	45	23	22	(c)	--	22
Savannah	PHS	G	180	121	138	4	--	134	76	62	2	57	3
Chamblee	VA	G	750	572	480	14	59	407	97	303	--	374	9
Augusta	VA	NP	1,383	1,336	1,222	31	1,137	54	641	581	--	581	--
Atlanta	VA	TB	225	225	209	178	16	15	74	135	--	135	--
FLORIDA													
Jacksonville	Navy	G	949	550	316	1	12	303	171	145	41	87	17
Key West	Navy	G	275	150	137	1	2	134	86	51	27	18	6
Pensacola	Navy	G	536	350	233	--	6	227	124	109	48	60	1
Green Cove Springs	Navy	D	N.A.	44	17	--	--	17	17	--	--	--	--
Jacksonville Air Station	Navy	D	N.A.	112	19	--	--	19	19	--	--	--	--
Key West Air Station	Navy	D	N.A.	46	5	--	--	5	5	--	--	--	--
Key West Oper. Dev. Center	Navy	D	N.A.	4	2	--	--	2	2	--	--	--	--
Miami Air Station	Navy	D	N.A.	15	--	--	--	--	--	--	--	--	--
Panama City Mine Depot	Navy	D	N.A.	6	2	--	--	2	2	--	--	--	--
Pensacola Air Station	Navy	D	N.A.	50	5	--	--	5	5	--	--	--	--
Pensacola Air Training Base	Navy	D	N.A.	58	10	--	--	10	10	--	--	--	--
Eglin Air Base	Air Force	S	317	150	60	--	--	60	46	14	(c)	--	14
MacDill Air Base	Air Force	S	476	150	111	--	--	111	76	35	(c)	--	35
Orlando Air Base	Air Force	S	752	50	16	--	--	16	5	11	(c)	--	11
Tyndall Air Base	Air Force	S	290	50	28	--	--	28	16	12	(c)	--	12
Bay Pines	VA	G	440	440	396	5	88	303	54	342	--	341	1
Lake City	VA	G	378	308	258	19	35	204	36	222	--	221	1
Coral Gables	VA	G	390	350	371	45	31	295	59	312	--	282	30
EAST-NORTH CENTRAL													
OHIO													
Columbus Air Station	Navy	D	N.A.	20	8	--	--	8	8	--	--	--	--
Lockbourne Air Base	Air Force	S	165	75	44	--	--	44	39	5	(c)	--	5
Wright-Patterson Air Base	Air Force	S	457	200	75	--	--	75	62	13	(c)	--	13
Cleveland	PHS	G	250	292	234	20	--	214	86	148	2	141	5
Cleveland	VA	G	1,000	1,000	825	159	159	666	157	668	--	666	2
Dayton	VA	G	1,004	1,004	917	230	121	566	118	799	--	793	6

AREA, STATE AND HOSPITAL	AGENCY	TYPE OF HOS- PITAL ^a	NUMBER OF BEDS		NUMBER OF PATIENTS	PATIENTS BY TYPE OF DISABILITY			PATIENTS BY BENEFICIARY STATUS ^b			
			Capac- ity	Oper- ating		TB	NP	GMS ^d	Prime Bene- ficiaries	Contingent Beneficiaries		
										Total	Dependents	Veterans Others
EAST-NORTH CENTRAL--Cont.												
OHIO--Cont.												
Brecksville	VA	TB	265	264	250	249	--	1	125	125	--	124
Chillicothe	VA	NP	2,262	2,262	2,156	--	2,148	8	823	1,333	--	1,332
INDIANA												
Crane Ammunition Depot	Navy	D	N.A.	100	1	--	--	1	1	--	--	--
Indianapolis Ord. Plant	Navy	D	N.A.	6	--	--	--	--	--	--	--	--
Indianapolis	VA	G	349	345	304	26	43	255	47	257	--	257
Fort Harrison	VA	G	500	400	319	35	33	251	42	277	--	271
Marion	VA	NP	1,924	1,924	1,847	--	1,834	13	764	1,083	--	1,082
ILLINOIS												
Great Lakes	Navy	G	1,381	1,100	846	11	46	789	741	105	51	45
Glenview	Navy	D	N.A.	75	1	--	--	1	1	--	--	--
Great Lakes Training Center	Navy	D	N.A.	416	133	--	--	133	133	--	--	--
Chanute Air Base	Air Force	S	617	250	72	--	--	72	61	11	(c)	--
Scott Air Base	Air Force	S	780	250	110	--	--	110	92	18	(c)	--
Fort Sheridan	Army	S	342	100	63	--	--	63	35	28	(c)	--
Chicago	PHS	G	250	293	183	14	--	169	110	73	2	71
Dwight	VA	G	286	211	158	--	19	139	14	144	--	144
Hines	VA	G	3,235	3,200	2,451	330	711	1,410	363	2,088	--	2,076
Marion	VA	G	202	176	145	1	12	132	9	136	--	136
Danville	VA	NP	2,050	2,029	1,846	--	1,816	30	658	1,188	--	1,188
Downey	VA	NP	2,947	2,340	2,109	40	2,027	42	1,010	1,099	--	1,098
MICHIGAN												
Grosse Isle Air Station	Navy	D	N.A.	105	4	--	--	4	4	--	--	--
Selfridge Air Base	Air Force	S	166	50	14	--	--	14	14	--	--	--
Percy Jones	Army	G	3,300	1,700	1,007	--	240	767	806	201	(c)	144
Detroit	PHS	G	250	267	226	23	--	203	102	124	2	121
Dearborn	VA	G	1,117	712	706	24	99	583	108	598	--	596
Fort Custer	VA	NP	2,218	2,136	2,004	--	1,981	23	697	1,307	--	1,306
WISCONSIN												
USDB, Milwaukee	Army	S	56	50	19	--	--	19	12	7	(c)	--
Wood	VA	G	1,453	1,453	1,327	356	269	702	252	1,075	--	1,070
Tomah	VA	NP	1,172	831	769	--	766	3	254	515	--	514
Waukesha	VA	TB	256	240	208	205	--	3	134	74	--	71
Hayward	Ind. Serv.	G	N.A.	45	18	--	--	18	N.A.	N.A.	N.A.	N.A.
EAST-SOUTH CENTRAL												
KENTUCKY												
Camp Campbell	Army	S	1,604	500	33	--	--	33	24	9	(c)	--
Fort Knox	Army	S	1,332	600	294	--	--	294	246	48	(c)	--

AREA, STATE AND HOSPITAL	AGENCY	TYPE OF HOS- PITAL ^a	NUMBER OF BEDS		NUMBER OF PATIENTS	PATIENTS BY TYPE OF DISABILITY			PATIENTS BY BENEFICIARY STATUS ^b				
			Capac- ity	Oper- ating		TB	NP	GMS ^d	Prime Bene- ficiaries	Contingent Beneficiaries			
										Total	Dependents	Veterans	Others
EAST-SOUTH CENTRAL--Cont.													
KENTUCKY--Cont.													
Louisville	VA	G	1,000	1,000	744	36	79	629	80	664	---	642	22
Ft. Thomas	VA	G	300	300	85	---	24	61	29	56	---	56	---
Lexington	VA	NP	1,230	1,130	1,058	---	1,041 ^d	17 ^d	469	589	---	589	---
Outwood	VA	TB	376	318	282	273	---	9	108	174	---	174	---
Lexington	PHS	NP	1,450	1,517	1,049	---	197	852	968	81	---	---	81
TENNESSEE													
Memphis	Navy	G	697	250	211	---	3	208	173	38	25	---	13
Memphis Air Tech. Tr. Center	Navy	D	N.A.	40	14	---	---	14	14	---	---	---	---
Memphis Air Station	Navy	D	N.A.	10	1	---	---	1	1	---	---	---	---
Memphis	PHS	G	130	168	108	31	---	77	104	4	1	---	3
Memphis (Kennedy)	VA	G	1,750	1,416	1,111	48	125	938	299	812	---	793	14
Mountain Home	VA	G	609	511	426	24	43	359	43	383	---	383	---
Nashville	VA	G	600	550	419	70	30	319	62	357	---	356	1
Memphis	VA	TB	300	284	270	263	---	7	109	161	---	161	---
Murfreesboro	VA	NP	1,307	1,043	985	---	978	7	463	522	---	522	---
ALABAMA													
Brookley Air Base	Air Force	S	138	50	12	---	---	12	10	2	(c)	---	2
Craig Air Base	Air Force	S	198	25	11	---	---	11	11	---	---	---	---
Maxwell Air Base	Air Force	S	569	175	74	---	---	74	28	46	(c)	---	46
Huntsville Arsenal	Army	S	36	25	12	---	---	12	7	5	(c)	---	5
Mobile	PHS	G	175	195	129	6	3	120	85	44	2	39	3
Montgomery	VA	G	300	300	268	12	14	242	67	201	---	201	---
Tuskegee	VA	NP	2,208	2,208	2,106	42	1,723	341	565	1,541	---	1,535	6
Tuscaloosa	VA	NP	1,020	921	812	5	698	109	261	551	---	551	---
MISSISSIPPI													
Kessler Air Base	Air Force	S	936	300	119	---	---	119	84	35	(c)	---	35
Biloxi	VA	G	238	238	199	1	30	168	19	180	---	180	---
Jackson	VA	G	650	362	290	40	16	234	28	262	---	259	3
Gulfbort	VA	NP	1,098	1,098	1,058	---	1,052	6	458	600	---	600	---
Choctaw	Ind. Serv.	G	N.A.	35	9	---	---	9	N.A.	N.A.	N.A.	N.A.	N.A.
WEST-NORTH CENTRAL													
MINNESOTA													
Minneapolis Air Station	Navy	D	N.A.	21	3	---	---	3	3	---	---	---	---
Minneapolis	VA	G	1,050	1,018	996	179	173	644	125	871	---	854	7
St. Cloud	VA	NP	1,528	1,437	1,349	---	1,347	2	706	643	---	643	---
Pipestone	Ind. Serv.	G	N.A.	36	3	---	---	3	N.A.	N.A.	N.A.	N.A.	N.A.
Red Lake	Ind. Serv.	G	N.A.	23	15	---	---	15	N.A.	N.A.	N.A.	N.A.	N.A.
Cass Lake	Ind. Serv.	G	N.A.	32	12	---	---	12	N.A.	N.A.	N.A.	N.A.	N.A.

PATIENTS BY BENEFICIARY STATUS^b

AREA, STATE AND HOSPITAL	AGENCY	TYPE OF HOS- PITAL ^a	NUMBER OF BEDS		NUMBER OF PATIENTS	PATIENTS BY TYPE OF DISABILITY			PATIENTS BY BENEFICIARY STATUS ^b				
			Capac- ity	Oper- ating		TB	NP	GMS ^d	Prime Bene- ficiaries	Contingent Beneficiaries			
										Total	Dependents	Veterans	Others
WEST-NORTH CENTRAL--Cont.													
MINNESOTA--Cont.													
Fon-du-lac	Ind. Serv.	G	N.A.	18	14	--	--	14	N.A.	N.A.	N.A.	N.A.	N.A.
White Earth	Ind. Serv.	G	N.A.	22	10	--	--	10	N.A.	N.A.	N.A.	N.A.	N.A.
IOWA													
Des Moines	VA	G	506	506	430	12	34	384	52	378	--	376	2
Knoxville	VA	NP	1,940	1,905	1,738	35	1,703	--	731	1,007	--	1,007	--
MISSOURI													
St. Louis Air Station	Navy	D	N.A.	50	3	--	--	3	3	--	--	--	--
Kirkwood	PHS	G	144	162	75	8	--	67	43	32	--	32	--
Jefferson Barracks	VA	G	707	707	637	18	115	504	117	520	--	520	--
Springfield	VA	TB	500	444	395	340	--	55	129	266	--	262	4
Excelsior Springs	VA	TB	252	226	208	196	--	12	100	108	--	103	5
NORTH DAKOTA													
Fargo	VA	G	400	227	157	2	26	129	23	134	--	134	--
Ft. Berthold	Ind. Serv.	G	N.A.	18	7	--	--	7	N.A.	N.A.	N.A.	N.A.	N.A.
Standing Rock	Ind. Serv.	G	N.A.	47	23	--	--	23	N.A.	N.A.	N.A.	N.A.	N.A.
Ft. Totten	Ind. Serv.	G	N.A.	31	13	--	--	13	N.A.	N.A.	N.A.	N.A.	N.A.
Turtle Mt.	Ind. Serv.	G	N.A.	42	23	--	--	23	N.A.	N.A.	N.A.	N.A.	N.A.
SOUTH DAKOTA													
Weaver Air Base	Air Force	S	162	75	49	--	--	49	31	18	(c)	--	18
Black Hills Ord. Depot	Army	S	38	16	4	--	--	4	--	4	(c)	--	4
Fort Meade	VA	NP	720	720	645	--	637	8	228	417	--	415	2
Hot Springs	VA	G	270	270	226	63	22	141	28	198	--	196	2
Cheyenne River	Ind. Serv.	G	N.A.	40	14	--	--	14	N.A.	N.A.	N.A.	N.A.	N.A.
Pine Ridge	Ind. Serv.	G	N.A.	51	27	--	--	27	N.A.	N.A.	N.A.	N.A.	N.A.
Rose Bud	Ind. Serv.	G	N.A.	48	30	--	--	30	N.A.	N.A.	N.A.	N.A.	N.A.
Yankton	Ind. Serv.	G	N.A.	25	15	--	--	15	N.A.	N.A.	N.A.	N.A.	N.A.
Sisseton	Ind. Serv.	G	N.A.	32	20	--	--	20	N.A.	N.A.	N.A.	N.A.	N.A.
Sioux Sanitorium	Ind. Serv.	TB	N.A.	123	128	128	--	--	N.A.	N.A.	N.A.	N.A.	N.A.
NEBRASKA													
Hastings Ammunition Depot	Navy	D	N.A.	38	4	--	--	4	4	--	--	--	--
Kearney Air Base	Air Force	S	211	50	21	--	--	21	17	4	(c)	--	4
Offutt Air Base	Air Force	S	139	75	31	--	--	31	21	10	(c)	--	10
Sioux Ord. Depot	Army	S	38	11	--	--	--	--	--	--	--	--	--
Lincoln	VA	G	306	306	273	2	37	234	38	235	--	235	--
Winnebago	Ind. Serv.	G	N.A.	54	16	--	--	16	N.A.	N.A.	N.A.	N.A.	N.A.
KANSAS													
Olathe Air Station	Navy	D	N.A.	28	7	--	--	7	7	--	--	--	--
Smoky Hill Air Base	Air Force	S	240	100	52	--	--	52	26	26	(c)	--	26
Fort Leavenworth	Army	S	265	150	84	--	--	84	42	42	(c)	--	42

AREA, STATE AND HOSPITAL	AGENCY	TYPE OF HOS- PITAL ^a	NUMBER OF BEDS		NUMBER OF PATIENTS	PATIENTS BY TYPE OF DISABILITY			PATIENTS BY BENEFICIARY STATUS ^b				
			Capac- ity	r- ing		TB	NP	GMS ^d	Prime Bene- ficiaries	Contingent Beneficiaries			
										Total	Dependents	Veterans	Others
WEST-NORTH CENTRAL--Cont.													
KANSAS													
Fort Riley	Army	S	1,036	175	105	--	--	105	82	23	(c)	--	23
Topeka	VA	NP	1,400	1,400	1,044	1	847	196	330	714	--	714	--
Wadsworth	VA	G	1,082	1,020	1,000	49	355	596	175	825	--	822	3
Wichita	VA	G	256	256	213	1	30	182	15	198	--	198	--
WEST-SOUTH CENTRAL													
ARKANSAS													
Army and Navy	Army	G	516	410	319	--	--	319	79	240	(c)	152	88
N. Little Rock	VA	ND	2,095	2,095	1,810	4	1,742	64	753	1,057	--	1,057	--
Fayetteville	VA	G	302	243	172	--	10	162	12	160	--	160	--
OKLAHOMA													
Mailster Ammunition Depot	Navy	D	N.A.	19	--	--	--	--	--	--	--	--	--
Tinker Air Base	Air Force	S	166	25	9	--	--	9	9	--	--	--	--
Fort Sill	Army	S	1,192	200	72	--	--	72	42	30	(c)	--	30
Muskogee	VA	G	386	386	283	13	52	218	56	227	--	227	--
Oklahoma City	VA	G	220	220	196	6	14	176	45	151	--	151	--
Claremore	Ind. Serv.	G	N.A.	80	35	--	--	35	N.A.	N.A.	N.A.	N.A.	N.A.
Talikima	Ind. Serv.	G	N.A.	237	154	59	--	95	N.A.	N.A.	N.A.	N.A.	N.A.
Talague	Ind. Serv.	G	N.A.	72	23	--	--	23	N.A.	N.A.	N.A.	N.A.	N.A.
Shawnee Sanitorium	Ind. Serv.	TB	N.A.	150	78	78	--	--	N.A.	N.A.	N.A.	N.A.	N.A.
Pawnee & Ponca	Ind. Serv.	G	N.A.	50	16	--	--	16	N.A.	N.A.	N.A.	N.A.	N.A.
Kiowa	Ind. Serv.	G	N.A.	150	51	--	--	51	N.A.	N.A.	N.A.	N.A.	N.A.
Clinton	Ind. Serv.	G	N.A.	27	11	--	--	11	N.A.	N.A.	N.A.	N.A.	N.A.
LOUISIANA													
New Orleans Air Station	Navy	D	N.A.	25	2	--	--	2	2	--	--	--	--
New Orleans Naval Station	Navy	D	N.A.	120	28	--	--	28	28	--	--	--	--
Barksdale Air Base	Air Force	S	251	100	47	--	--	47	35	12	(c)	2	10
New Orleans Port of Embarkation	Army	S	961	75	40	--	--	40	37	3	(c)	--	3
New Orleans	PHS	G	500	572	365	36	44	283	189	176	4	160	12
Carville Leprosarium	PHS	L	454	538	404	--	--	404	404	--	--	--	--
Alexandria	VA	G	662	522	480	263	--	217	127	353	--	353	--
New Orleans	VA	G	670	579	477	34	64	379	95	382	--	380	2
TEXAS													
Corpus Christi	Navy	G	691	250	171	1	9	161	69	102	9	90	3
Houston	Navy	G	1,000	600	432	3	32	397	121	311	9	295	7
Corpus Christi Air Station	Navy	D	N.A.	73	16	--	--	16	16	--	--	--	--
Dallas Air Station	Navy	D	N.A.	32	4	--	--	4	4	--	--	--	--
Orange Naval Station	Navy	D	N.A.	29	7	--	--	7	6	1	(c)	--	1

AREA, STATE AND HOSPITAL	AGENCY	TYPE OF HOS- PITAL ^a	NUMBER OF BEDS		NUMBER OF PATIENTS	PATIENTS BY TYPE OF DISABILITY			PATIENTS BY BENEFICIARY STATUS ^b				
			Capac- ity	Oper- ating		TB	MP	GMS ^d	Prime Bene- ficiaries	Contingent Beneficiaries			
										Total	Dependents	Veterans	Others
WEST-SOUTH CENTRAL--Cont.													
TEXAS--Cont.													
Bergstrom Air Base	Air Force	S	136	25	23	--	--	23	23	--	--	--	19
Carswell Air Base	Air Force	S	165	100	56	--	--	56	37	19	(e)	--	--
Goodfellow Air Base	Air Force	S	91	50	16	--	--	16	16	--	--	--	--
Lackland Air Base	Air Force	S	878	600	401	--	--	401	375	26	(e)	--	26
Perrin Air Base	Air Force	S	122	50	15	--	--	15	15	--	--	--	--
Randolph Air Base	Air Force	S	373	100	48	--	--	48	45	3	(e)	--	3
Camp Hood	Army	S	2,207	150	54	--	--	54	33	21	(e)	--	21
Red River Arsenal	Army	S	109	25	1	--	--	1	1	--	--	--	--
Beaumont	Army	G	2,046	700	400	--	35	365	208	192	(e)	123	69
Brooke	Army	G	1,900	1,900	1,412	--	211	1,201	799	613	(e)	388	225
Fort Worth	PHS	NP	1,000	1,050	884	--	728 ^d	156 ^d	284	600	--	241	359
Galveston	PHS	G	160	202	176	12	2	173	130	46	--	44	2
Legion	VA	TB	695	348	341	309	--	32	176	165	--	162	3
Waco	VA	NP	2,214	2,003	1,944	--	1,918	26	730	1,214	--	1,214	--
Amarillo	VA	G	187	187	130	1	11	118	18	112	--	111	1
Dallas	VA	G	366	365	327	3	44	280	38	289	--	288	1
McKinney	VA	G	1,000	671	483	118	20	345	143	340	--	331	9
Temple	VA	G	1,000	719	687	106	240	341	150	537	--	534	3
ROCKY MOUNTAIN													
MONTANA													
Great Falls	Air Force	S	306	50	17	--	--	17	17	--	--	--	--
Fort Harrison	VA	G	238	193	145	--	22	123	27	118	--	117	1
Blackfeet	Ind. Serv.	G	N.A.	45	21	--	--	21	N.A.	N.A.	N.A.	N.A.	N.A.
Crow	Ind. Serv.	G	N.A.	36	18	--	--	18	N.A.	N.A.	N.A.	N.A.	N.A.
Fort Belknap	Ind. Serv.	G	N.A.	47	10	--	--	10	N.A.	N.A.	N.A.	N.A.	N.A.
Fort Peck	Ind. Serv.	G	N.A.	23	12	--	--	12	N.A.	N.A.	N.A.	N.A.	N.A.
IDAHO													
Pocatello Ord. Plant	Navy	D	N.A.	12	1	--	--	1	1	--	--	--	--
Boise	VA	G	263	263	171	1	4	166	26	145	--	145	--
WYOMING													
Fort F.E. Warren Air Base	Air Force	S	306	125	90	--	--	90	71	19	(e)	--	19
Sheridan	VA	NP	777	777	698	--	673	25	280	418	--	418	--
Cheyenne	VA	G	201	201	128	--	21	107	17	111	--	111	--
Wind River	Ind. Serv.	G	N.A.	50	14	--	--	14	N.A.	N.A.	N.A.	N.A.	N.A.
COLORADO													
Denver Air Station	Navy	D	N.A.	--	1	--	--	1	1	--	--	--	--
Lowry Air Base	Air Force	S	291	250	87	--	--	87	84	3	(e)	--	3
Camp Carson	Army	S	1,548	100	21	--	--	21	8	13	(e)	--	13

AREA, STATE AND HOSPITAL	AGENCY	TYPE OF HOS- PITAL ^a	NUMBER OF BEDS		NUMBER OF PATIENTS	PATIENTS BY TYPE OF DISABILITY			PATIENTS BY BENEFICIARY STATUS ^b				
			Capac- ity	Oper- ating		TB	NP	GMS ^d	Prime Bene- ficiaries	Contingent Beneficiaries			
										Total	Dependents	Veterans	Others
ROCKY MOUNTAIN--Cont.													
COLORADO--Cont.													
Fitzsimons	Army	G	3,417	2,695	1,884	713	188	983	1,091	793	(c)	604	5
Fort Lyon	VA	NP	918	918	876	--	873	3	355	521	--	52	--
Fort Logan	VA	G	300	289	283	44	8	231	64	219	--	219	--
Arango	Ind. Serv.	G	N.A.	21	8	--	--	8	N.A.	N.A.	N.A.	N.A.	N.A.
NEW MEXICO													
Holloman Air Base	Air Force	S	209	25	16	--	--	16	16	--	--	--	--
Walker Air Base	Air Force	S	215	50	28	--	--	28	24	4	(c)	--	4
Fort Stanton	PHS	TB	237	237	168	165	--	3	163	5	--	1	4
Fort Bayard	VA	TB	223	223	193	142	2	49	41	52	--	151	1
Albuquerque	VA	G	294	294	280	100	19	161	85	195	--	195	--
Crown Point	Ind. Serv.	G	N.A.	65	20	--	--	20	N.A.	N.A.	N.A.	N.A.	N.A.
Shiprock	Ind. Serv.	G	N.A.	43	22	--	--	22	N.A.	N.A.	N.A.	N.A.	N.A.
Mescalero	Ind. Serv.	G	N.A.	32	10	--	--	10	N.A.	N.A.	N.A.	N.A.	N.A.
Albuquerque	Ind. Serv.	G	N.A.	60	40	--	--	40	N.A.	N.A.	N.A.	N.A.	N.A.
Albuquerque	Ind. Serv.	TB	N.A.	100	93	93	--	--	N.A.	N.A.	N.A.	N.A.	N.A.
Zuni	Ind. Serv.	G	N.A.	42	24	--	--	24	N.A.	N.A.	N.A.	N.A.	N.A.
Santa Fe	Ind. Serv.	G	N.A.	52	26	--	--	26	N.A.	N.A.	N.A.	N.A.	N.A.
ARIZONA													
Davis-Monthan Air Base	Air Force	S	409	75	38	--	--	38	27	11	(c)	--	11
Williams Air Base	Air Force	S	240	50	26	--	--	26	25	1	(c)	--	1
Navajo Ord. Depot	Army	S	461	25	10	--	--	10	1	9	(c)	--	9
Tucson	VA	TB	414	411	367	242	5	120	141	226	--	223	3
Whipple	VA	TB	391	387	263	142	7	114	62	201	--	199	2
Phoenix	VA	G	144	144	115	--	1	114	24	91	--	91	--
Colorado River	Ind. Serv.	G	N.A.	42	10	--	--	10	N.A.	N.A.	N.A.	N.A.	N.A.
Ft. Apache	Ind. Serv.	G	N.A.	48	21	--	--	21	N.A.	N.A.	N.A.	N.A.	N.A.
Hopi	Ind. Serv.	G	N.A.	38	25	--	--	25	N.A.	N.A.	N.A.	N.A.	N.A.
Navajo Medical Center	Ind. Serv.	G	N.A.	250	250	100	--	150	N.A.	N.A.	N.A.	N.A.	N.A.
Tubabty	Ind. Serv.	G	N.A.	28	25	--	--	25	N.A.	N.A.	N.A.	N.A.	N.A.
Winslow	Ind. Serv.	G	N.A.	50	30	--	--	30	N.A.	N.A.	N.A.	N.A.	N.A.
Pima	Ind. Serv.	G	N.A.	40	15	--	--	15	N.A.	N.A.	N.A.	N.A.	N.A.
San Carlos	Ind. Serv.	G	N.A.	45	16	--	--	16	N.A.	N.A.	N.A.	N.A.	N.A.
Phoenix General	Ind. Serv.	G	N.A.	64	56	--	--	56	N.A.	N.A.	N.A.	N.A.	N.A.
Phoenix Sanatorium	Ind. Serv.	TB	N.A.	130	83	83	--	--	N.A.	N.A.	N.A.	N.A.	N.A.
San Xavier Sanitorium	Ind. Serv.	G	N.A.	46	18	--	--	18	N.A.	N.A.	N.A.	N.A.	N.A.
UTAH													
Clearfield Supply Depot	Navy	D	N.A.	72	1	--	--	1	1	--	--	--	--
Hill Air Base	Air Force	S	128	50	19	--	--	19	9	10	(c)	--	10
Salt Lake City	VA	G	204	204	138	--	2	136	12	126	--	125	1
Unitah	Ind. Serv.	G	N.A.	24	7	--	--	7	N.A.	N.A.	N.A.	N.A.	N.A.

AREA, STATE AND HOSPITAL	AGENCY	TYPE OF HOS- PITAL ^a	NUMBER OF BEDS		NUMBER OF PATIENTS	PATIENTS BY TYPE OF DISABILITY			PATIENTS BY BENEFICIARY STATUS ^b				
			Capac- ity	Oper- ating		TB	NP	GMS ^d	Prime Bene- ficiaries	Contingent Beneficiaries			
										Total	Dependents	Veterans	Others
ROCKY MOUNTAIN--Cont.													
NEVADA													
Hawthorne Ammunition Depot	Navy	D	N.A.	36	1	--	--	1	1	--	--	--	--
Reno	VA	G	166	125	101	2	9	90	7	94	--	94	--
W. Shoeshone	Ind. Serv.	G	N.A.	20	7	--	--	7	N.A.	N.A.	N.A.	N.A.	N.A.
Walker River	Ind. Serv.	G	N.A.	36	21	--	--	21	N.A.	N.A.	N.A.	N.A.	N.A.
PACIFIC COAST													
CALIFORNIA													
El Centro Air Station	Navy	D	N.A.	10	--	--	--	--	--	--	--	--	--
El Toro Marine Corps Air Sta.	Navy	D	N.A.	140	28	--	--	28	14	14	(c)	--	14
Inyokern Ord. Test. Sta.	Navy	D	N.A.	84	22	--	--	22	7	15	(c)	--	15
Long Beach Recruiting Sta.	Navy	D	N.A.	48	7	--	--	7	7	--	--	--	--
Los Alamitos Air Sta.	Navy	D	N.A.	35	--	--	--	--	--	--	--	--	--
Miramar Aux. Air Sta.	Navy	D	N.A.	29	2	--	--	2	2	--	--	--	--
Camp Pendleton	Navy	D	N.A.	65	23	--	--	23	23	--	--	--	--
Point Mugu Air Missile Dev. Center	Navy	D	N.A.	11	5	--	--	5	5	--	--	--	--
Ft. Hueneme Train. & Dist. Cent. ..	Navy	D	N.A.	350	10	--	--	10	7	3	(c)	--	3
San Diego Marine Corps Recr. Dep. .	Navy	D	N.A.	94	16	--	--	16	16	--	--	--	--
San Diego Air Station	Navy	D	N.A.	159	26	--	--	26	9	17	(c)	--	17
San Diego Flight Sonar School	Navy	D	N.A.	23	3	--	--	3	3	--	--	--	--
San Diego Phib. Tr. Base	Navy	D	N.A.	106	7	--	--	7	7	--	--	--	--
San Diego Naval Station	Navy	D	N.A.	41	15	--	--	15	15	--	--	--	--
San Diego Training Center	Navy	D	N.A.	522	186	--	--	186	186	--	--	--	--
San Ysidro Aux. Air Sta.	Navy	D	N.A.	33	3	--	--	3	3	--	--	--	--
Santa Ana Air Station	Navy	D	N.A.	35	--	--	--	--	--	--	--	--	--
Alameda Air Station	Navy	D	N.A.	48	16	--	--	16	16	--	--	--	--
Moffett Field	Navy	D	N.A.	66	4	--	--	4	4	--	--	--	--
Monterey Aux. Air Sta. & Naval Tr. S.	Navy	D	N.A.	26	6	--	--	6	6	--	--	--	--
Oakland Air Station	Navy	D	N.A.	9	2	--	--	2	2	--	--	--	--
Pt. Chicago Naval Magazine	Navy	D	N.A.	85	--	--	--	--	--	--	--	--	--
Oakland Supply Center	Navy	D	N.A.	6	1	--	--	1	1	--	--	--	--
San Francisco Naval Ship Yard	Navy	D	N.A.	12	1	--	--	1	1	--	--	--	--
Stockton Supply Annex	Navy	D	N.A.	9	4	--	--	4	4	--	--	--	--
Tiburon Naval Net Depot	Navy	D	N.A.	9	--	--	--	--	--	--	--	--	--
Treasure Island Naval Station	Navy	D	N.A.	147	20	--	--	20	20	--	--	--	--
Corona	Navy	G	2,246	650	412	151	--	261	188	224	--	176	48
Long Beach	Navy	G	1,791	1,250	1,036	--	49	987	553	483	92	320	71
San Diego	Navy	G	1,981	1,550	1,273	--	125	1,148	874	399	118	183	98
Oceanside	Navy	G	1,228	250	200	--	1	199	183	17	14	--	3
Mare Island	Navy	G	873	700	408	2	107	299	202	206	23	161	22

AREA, STATE AND HOSPITAL	AGENCY	TYPE OF HOS- PITAL	NUMBER OF BEDS		NUMBER OF PATIENTS	PATIENTS BY TYPE OF DISABILITY			Prime Bene- ficiaries	Contingent Beneficiaries				
			Capac- ity	Oper- ating		TB	NP	GMS ^d		Total	Dependents	Veterans	Others	
PACIFIC COAST--Cont.														
CALIFORNIA														
Oakland	Navy	G	2,779	1,750	1,192	--	32	1,160	666	526	82	257	47	
Castle Air Base	Air Force	S	116	75	18	--	--	18	12	6	(e)	--	6	
Fairfield-Suisun Air Base	Air Force	S	166	125	30	--	--	30	27	3	(e)	--	3	
Hamilton Air Base	Air Force	S	358	200	73	--	--	73	43	30	(e)	--	30	
March Air Base	Air Force	S	479	100	60	--	--	60	34	26	(e)	--	26	
Mather Air Base	Air Force	S	211	50	42	--	--	42	13	29	(e)	--	29	
Muroc Air Base	Air Force	S	233	25	9	--	--	9	7	2	(e)	--	2	
Fort Ord	Army	S	1,434	400	211	--	--	211	181	30	(e)	--	30	
Camp Stoneman	Army	S	826	300	87	--	--	87	70	17	(e)	--	17	
Camp Cook	Army	S	1,304	40	28	--	--	28	21	7	(e)	--	7	
Sierra Ord. Depot.	Army	S	57	25	9	--	--	9	--	9	(e)	--	9	
Letterman	Army	G	2,185	2,185	1,189	--	275	916	857	332	(e)	108	227	
McCornach	Army	G	550	550	377	--	--	377	178	199	(e)	50	100	
San Francisco	PHS	G	485	550	368	73	--	295	301	67	(e)	67	10	
Livermore	VA	TB	458	458	429	414	--	15	165	284	--	161	3	
San Fernando	VA	TB	383	369	340	332	--	8	200	152	--	152	8	
Palo Alto	VA	NP	1,473	1,473	1,447	--	1,432	15	747	700	--	687	13	
Los Angeles ^f	VA	GMS	1,448	1,409	1,204	24	40	1,140	99	1,105	--	1,101	4	
Los Angeles ^f	VA	NP	2,149	1,979	1,931	--	1,921	10	672	1,259	--	1,267	2	
Oakland	VA	G	800	489	429	63	33	333	78	351	--	349	2	
San Francisco	VA	G	396	374	313	--	13	305	72	246	--	246	--	
Van Nuys	VA	G	1,499	1,447	1,263	284	277	702	328	935	--	930	5	
Fort Yuma	Ind. Serv.	G	N.A.	28	7	--	--	7	N.A.	N.A.	N.A.	N.A.	N.A.	
Hoopa Valley	Ind. Serv.	G	N.A.	29	22	--	--	22	N.A.	N.A.	N.A.	N.A.	N.A.	
OREGON														
Tongue Pt. Naval Station	Navy	D	N.A.	80	11	--	--	11	4	7	--	--	7	
Roseburg	VA	NP	670	670	594	--	584	10	228	366	--	366	--	
Portland	VA	G	510	509	404	--	--	404	39	365	--	363	2	
Warm Springs	Ind. Serv.	G	N.A.	23	8	--	--	8	N.A.	N.A.	--	--	--	
WASHINGTON														
Keyport Naval Torpedo Station	Navy	D	N.A.	8	--	--	--	--	--	--	--	--	--	
Seattle Air Station	Navy	D	N.A.	110	18	--	--	18	4	14	--	--	--	
Seattle Naval Station	Navy	D	N.A.	40	4	--	--	4	4	--	--	--	--	
Whidbey Island Air Station	Navy	D	N.A.	87	41	--	--	41	41	--	--	--	--	
Bremerton	Navy	G	622	550	329	--	23	306	229	100	37	41	22	
McChord Air Base	Air Force	S	213	75	30	--	--	30	30	--	--	--	--	
Spokane Air Base	Air Force	S	116	125	64	--	--	64	42	22	(e)	16	6	
Fort Lawton	Army	S	617	300	96	--	--	96	83	13	(e)	--	13	
Fort Worden	Army	S	68	25	14	--	--	14	14	--	--	--	--	

AREA, STATE AND HOSPITAL	AGENCY	TYPE OF HOS- PITAL ^a	NUMBER OF BEDS		NUMBER OF PATIENTS	PATIENTS BY TYPE OF DISABILITY			PATIENTS BY BENEFICIARY STATUS ^b				
			Capac- ity	Oper- ating		TB	NP	GMS ^d	Prime Bene- ficiaries	Contingent Beneficiaries			
										Total	Dependents	Veterans	Others
PACIFIC COAST--Cont.													
WASHINGTON--Cont.													
Madigan	Army	G	1,658	1,300	851	--	104	747	483	368	(c)	254	114
Seattle	PHS	G	400	517	396	46	--	350	257	139	4	2	
Walla Walla	VA	TB	421	421	378	295	10	73	145	233	--	229	4
American Lake	VA	NP	1,028	951	830	--	828	2	362	468	--	468	--
Vancouver	VA	G	500	500	440	133	17	290	101	339	--	336	3
Tacoma	Ind. Serv.	G	N.A.	335	303	175	--	128	N.A.	N.A.	--	--	--
Colville	Ind. Serv.	G	N.A.	36	21	--	--	21	N.A.	N.A.	--	--	--

N.A.--Not Available.

^aType of Hospital: G--general; S--station; D--dispensary; TB--tuberculosis; NP--neuropsychiatric.

^bPatients are considered as prime or contingent beneficiaries according to their basic eligibilities for care by the agency which is hospitalizing them. Thus, any veteran in a non-VA hospital is considered as a contingent beneficiary. Prime beneficiaries in VA hospitals include only those veterans receiving treatment for service-connected disabilities. Prime beneficiaries in Army, Navy and Air Force hospitals include only active duty military personnel. Prime beneficiaries in PHS hospitals include merchant seamen and PHS and Coast Guard Personnel.

^cNumber of dependents in Army and Air Force station hospitals and in Navy dispensaries not available separately--included in "others"

^dFor the purposes of this table it has been assumed that all patients in Army and Air Force station hospitals and in Navy dispensaries are GMS patients. In the foregoing summary table an attempt has been made to estimate the distribution of these patients by type of disability.

^eDublin general hospital excluded--being in the process of transfer from the Navy to the VA on June 30, 1948.

^fThese are operated as parts of one VA hospital (Sawtelle).

^gNarcotic addicts in GMS column, all other patients, most of whom are NP, in NP column.

A. Hospitals For Which Principal Construction
Contracts Have Been Awarded

Name and State	Number of Beds				Square Feet Per Bed	Cost ^{c/}			Date of Contract Award	Estimated Date of Completion
	Total	Estimate By		Type		Total (In Thousands)	Per Bed	Per Square Foot		
		TB	NP							
GENERAL MEDICAL and SURGICAL HOSPITALS										
Miles City, Montana	100	-	-	100	1,693	\$ 5,101	\$51,013	\$30.14	Sept 1948	NA
Manchester, N. H.	150	-	-	150	1,325	4,949	32,991	24.97	June 1948	Mar. 1950
Grand Junction, Colo.	152	-	6	146	1,056	3,886	25,565	24.23	Jan. 1947	Oct. 1948
Minot, N. D.	162	-	14	148	1,045	4,215	26,020	24.35	Jan. 1947	July 1949
Altoona, Pa.	200	-	24	176	1,173	6,256	31,281	27.31	Mar. 1948	Nov. 1949
Erie, Pa. ^{a/}	200	-	24	176	1,138	6,383	31,915	28.04	Apr. 1948	Jan. 1950
Beckley, W. Va. ^{a/}	200	-	24	176	1,102	6,198	30,988	28.17	Feb. 1948	Feb. 1950
Clarksburg, W. Va.	200	-	24	176	1,195	6,365	31,827	26.57	Mar. 1948	Mar. 1950
Saginaw, Mich.	200	-	24	176	1,016	4,882	24,408	23.99	Apr. 1948	Apr. 1950
Ft. Wayne, Ind.	200	-	24	176	1,057	6,012	30,058	28.41	Feb. 1948	Oct. 1949
Grand Island, Nebr.	200	-	24	176	1,182	6,046	30,228	25.58	Dec. 1947	Dec. 1949
Poplar Bluff, Mo.	200	-	24	176	1,175	5,829	29,146	24.85	Dec. 1947	Aug. 1949
Marlin, Texas	200	-	24	176	960	4,964	24,818	25.83	June 1948	May 1950
Spokane, Wash.	200	-	24	176	908	4,642	23,209	25.58	Mar. 1948	Apr. 1950
Iron Mt., Mich.	250	-	24	226	972	6,979	27,917	28.66	Feb. 1948	Oct. 1949
Big Spring, Texas	250	-	24	226	1,026	6,552	26,206	25.58	Jan. 1948	Aug. 1949
Fresno, Calif.	250	-	24	226	1,060	6,597	26,386	25.58	Aug. 1947	Mar. 1949
Sioux Falls, S. D.	282	-	6	276	742	4,303	15,206	20.54	Nov. 1946	Nov. 1948
Wilmington, Del. ^{a/}	300	-	18	282	1,172	8,569	28,562	24.35	Feb. 1948	Mar. 1950
Seattle, Wash. ^{a/}	300	-	100	200	893	7,247	24,156	27.06	Oct. 1948	NA
Providence, R. I.	399	-	9	390	807	5,671	14,214	17.59	Sept 1946	Completed
Shreveport, La.	450	-	160	290	1,046	11,194	24,876	23.74	Nov. 1947	Oct. 1949
Wilkes Barre, Pa.	475	-	160	315	931	13,202	27,793	29.89	Mar. 1948	Mar. 1950
Omaha, Nebr.	500	-	160	340	840	11,559	23,119	27.55	Dec. 1947	Mar. 1950
Little Rock, Ark.	500	-	160	340	854	11,381	23,961	28.04	Feb. 1948	Mar. 1950
Denver, Colo. ^{a/}	500	-	160	340	716	9,728	19,455	27.18	Sept 1948	NA
Brooklyn, N. Y. ^{d/}	1,000	-	280	720	757	19,387	19,387	25.58	Aug. 1947	Aug. 1949
Newark, N. J.	1,000	-	280	720	800	20,241	20,241	25.34	Apr. 1948	Nov. 1950
Albany, N. Y.	1,005	-	280	725	758	19,592	19,495	25.70	Mar. 1948	June 1950
Buffalo, N. Y.	1,005	-	280	725	760	18,789	18,696	24.60	Dec. 1947	Nov. 1949

NEW HOSPITAL CONSTRUCTION PROGRAM OF VETERANS ADMINISTRATION

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A. (Continued) Hospitals For Which Principal
Construction Contracts Have Been Awarded

Name and State	Number of Beds			Square Feet Per Bed	Cost ^{c/}			Date of Contract Award	Estimated Date of Completion	
	Total	Estimate By Type of Care ^{b/}			Total (In Thou-sands)	Per Bed	Per Square Foot			
		TB	NP							GMS
NEUROPSYCHIATRIC HOSPITALS										
Peekskill, N. Y.	1,965	-	1,965	-	NA	\$24,921	\$12,682	NA	Jan. 1947	Nov. 1949

NA - Not Available

- ^{a/} These hospitals are being built to replace existing hospitals. All others are additions to the capacity of the Veterans Administration system.
- ^{b/} Obtained from records of the Federal Board of Hospitalization. All other data obtained from Construction, Supply, and Real Estate Service of Veterans Administration
- ^{c/} Includes cost for construction, contingencies, fixed equipment, site landscaping, and technical services.
- ^{d/} Capacity of Brooklyn hospital authorized at 1,000 beds. Changes during construction will reduce this to 961 beds.

NEW HOSPITAL CONSTRUCTION PROGRAM OF VETERANS ADMINISTRATION

B. Hospitals In Various Stages of Planning^{a/c/}

Hospital	Total	Number of Beds		
		Estimated By Type of Care ^{d/}		
		TB	NP	GMS
GENERAL MEDICAL and SURGICAL HOSPITALS				
Tallahassee, Florida	100	-	-	100
Thomasville, Georgia	100	-	-	100
Harrisburg, Pennsylvania	200	-	24	176
Greenville, South Carolina	200	-	24	176
Grand Rapids, Michigan	200	-	24	176
Duluth, Minnesota	200	-	24	176
Mound Bayou, Mississippi	200	-	24	176
Tupelo, Mississippi	200	-	24	176
Klamath Falls, Oregon ^{b/}	200	-	24	176
Phoenix, Arizona ^{b/}	200	-	24	176
San Diego, California	200	-	24	176
Decatur, Illinois	250	-	24	226
Bonham, Texas	350 ^{e/}	-	-	350 ^{e/}
Charlotte, North Carolina	500	-	160	340
Durham, North Carolina	500	-	160	340
Birmingham, Alabama	500	-	160	340
Chattanooga, Tennessee	500	-	160	340
Ann Arbor, Michigan	500	-	160	340
Indianapolis, Indiana ^{b/}	500	-	160	340
Iowa City, Iowa ^{b/}	500	-	160	340
Dallas, Texas ^{b/}	500	-	160	340
New Orleans, Louisiana ^{b/}	500	-	160	340
Chicago, Illinois ^{f/}	600	-	-	600
Kansas City, Missouri	745	250	160	335
Cincinnati, Ohio	750	-	200	550
Louisville, Kentucky ^{b/}	750	-	200	550
Washington, D. C. ^{b/}	750	-	200	550
Atlanta, Georgia ^{b/}	750	-	200	550
West Haven, Connecticut	900	400	160	340

NEW HOSPITAL CONSTRUCTION PROGRAM OF VETERANS ADMINISTRATION

B. (Continued) Hospitals In Various Stages of Planning^{a/c/}

Hospital	Total	Number of Beds		
		Estimated By Type of Care ^{d/}		
		TB	NP	GMS
GENERAL MEDICAL and SURGICAL HOSPITALS (Continued)				
St. Louis, Missouri	1,000	-	280	720
Boston, Massachusetts ^{b/}	1,000	-	280	720
Syracuse, New York	1,000	-	280	720
Philadelphia, Pennsylvania	1,000	-	280	720
Cleveland, Ohio ^{b/}	1,000	-	280	720
Chicago, Illinois	1,000	-	280	720
Oklahoma City, Oklahoma ^{b/}	1,000	-	280	720
New York City, N. Y. ^{b/}	1,000	-	280	720
New York City Area ^{g/}	1,000	-	-	1,000
Pittsburgh, Pennsylvania	1,200	-	280	920
NEUROPSYCHIATRIC HOSPITALS				
El Paso, Texas	500	-	500	-
Salt Lake City, Utah	500	-	500	-
Norman, Oklahoma	750	-	650	100
Salisbury, North Carolina	921	-	781	140
Boston, Massachusetts	1,000	-	860	140
Gainesville, Florida	1,000	-	860	140
North Carolina Area	1,000	-	860	140
Memphis, Tennessee	1,000	-	860	140
Toledo, Ohio	1,000	-	860	140
Topeka, Kansas	1,000	-	860	140
Houston, Texas	1,000	-	860	140
Los Angeles, California	1,000	-	860	140
San Francisco, California	1,000	-	860	140
Pittsburgh, Pennsylvania	1,250	-	1,110	140
Cleveland, Ohio	1,250	-	1,110	140

[illegible][illegible][illegible][illegible]

NEW HOSPITAL CONSTRUCTION PROGRAM OF VETERANS ADMINISTRATION

B. (Concluded) Hospitals In Various Stages of Planning^{a/c/}

Hospital	Total	Number of Beds		
		Estimated By Type of Care ^{d/}		
		TB	NP	GMS
TUBERCULOSIS HOSPITALS				
Americus, Georgia	250	250	-	-
Baltimore, Maryland	300	300	-	-
Detroit, Michigan	500	500	-	-
Madison, Wisconsin	500	500	-	-

- a/ Hospitals for which bids have been advertised, those for which plans and specifications are ready to advertise, those so far advanced that material changes are impractical, and those still being designed.
- b/ These hospitals are designed as replacements for existing temporary hospitals. All others will be net additions to Veterans Administration capacity.
- c/ Projected costs of these hospitals are excluded on request.
- d/ Obtained from records of the Federal Board of Hospitalization. All other data obtained from Construction, Supply, and Real Estate Service of Veterans Administration.
- e/ Includes 50-bed GMS hospital and 300-bed domicile.
- f/ Tumor clinic.
- g/ Site undetermined.

C. SUMMARY OF VETERANS ADMINISTRATION
NEW HOSPITAL CONSTRUCTION PROGRAM AS OF
October 11, 1948

Construction Status and Type of Hospital	Number of Hos- pitals	Number of Beds					Estimated Cost f/
		Total	Estimate by Type of Care a/				(in)
			TB	NP	GMS	Domiciliary	(thousands)

1. HOSPITALS UNDER CONTRACT.

Total	31	12,995	-	4,350	8,645	-	\$282,240
TB c/	-	-	-	-	-	-	-
NP e/	1	1,965	-	1,965	-	-	24,921
GMS b/d/g/	30	11,030	-	2,385	8,645	-	257,319

2. HOSPITALS IN PLANNING STAGE

Total	58	38,266	2,200	17,711	18,055	-	788,212
TB c/	4	1,550	1,550	-	-	-	34,237
NP e/	15	14,171	-	12,391	1,780	-	287,188 e/
GMS b/h/	39	22,545	650	5,320	16,275	300	466,787

3. HOSPITALS COMPLETED

NP e/	2	1,649	-	1,437	212	-	7,750
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4. TOTAL FOR NEW HOSPITALS

Total	91	52,910	2,200	23,498	26,912	300	1,078,202
TB	4	1,550	1,550	-	-	-	34,237
NP	18	17,785	-	15,793	1,992	-	319,859
GMS	69	33,575	650	7,705	24,920	300	724,106

- a/ From records of Federal Board of Hospitalization.
- b/ From report of Construction Supply and Real Estate Division of Veterans Administration, dated October 11, 1948.
- c/ From report of Construction Supply and Real Estate Division of Veterans Administration, dated September 24, 1948.
- d/ Manhattan Beach, N.Y. hospital included at authorized bed capacity of 1,000 although changes during construction have reduced capacity to 981 beds.
- e/ Only cost included for Topeka is authorization of \$127,000 for acquisition of land.
- f/ Estimates for projects not under contract are based on cost levels of March 1, 1948 while estimates for projects under contract are based on contract awards.

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Footnotes (continued)

- g/ Six of the 30 GMS hospitals under contract are being built as replacements. These six hospitals have 2,500 beds (606 NP and 1,894 GMS) and will cost an estimated \$57,512,000.
- h/ Twelve of the 39 GMS hospitals in planning will be built as replacements. These 12 hospitals will have 8,150 beds (2,248 NP and 5,902 GMS) and will cost an estimated \$162,155,000.

OBLIGATIONS OF FEDERAL AGENCIES FOR MEDICAL,
HOSPITAL, AND RELATED SERVICES

To obtain information on the costs of federal medical, hospital, and related services, the budget offices 1/ of the appropriate agencies were requested to supply information to the Medical Services Committee with a breakdown of their actual obligations during fiscal year 1940, 1947 and 1948 and an estimate for fiscal year 1949 in six functional areas; inpatient care, outpatient care, research and development, education and training; projects relating to public health, and general administration.

The following definitions were used in assembling the data:

INPATIENT CARE. Costs directly related to provision of inpatient care in own and contract facilities, including hospital construction and maintenance, excluding hospital costs pertaining to research, education, and other nonpatient care functions.

OUTPATIENT CARE. Costs of outpatient service in hospitals and outpatient clinics (dispensaries, relief stations, etc.) and contract facilities.

RESEARCH. Costs of formal research programs and laboratories; includes the work of organizational units particularly devoted to the development of new knowledge, basic or applied, in medical, biologic and related fields of science. The term does not include such research as is performed as an incidental part of program operations.

1/ Data ~~were~~ obtained directly from all agencies with exception of Children's Bureau, Food and Drug Administration, Federal Trade Commission, Federal Works Agency, Housing and Home Finance Agency, Bureau of Labor Standards and Bureau of Narcotics -- for which obligations were obtained from information submitted to the Brookings Institute.

1. The first step in the process of identifying a problem is to recognize that a problem exists. This involves gathering information about the situation and identifying the specific issue that needs to be addressed.

PROJECTS RELATING TO PUBLIC HEALTH. Costs related to programs for the prevention of disease, control of community infections and environmental sanitation, industrial hygiene, health education, and other functions related to the conservation and promotion of personal and public health.

EDUCATION and TRAINING. All costs related to education and training of direct and ancillary medical personnel, including costs of directly operated programs, tuition, and other costs for training obtained on a contract basis.

GENERAL ADMINISTRATION. Costs of operating Washington and field supervisory headquarters (i.e., central offices in Washington, branch offices, area and district headquarters, and district offices). Excludes supervisory costs at field stations which should be charged to the main functions of the station concerned.

Certain of these data, some of which — particularly those of the Departments of Army, Air Force, and Navy — have necessarily been estimated in part. Appropriate footnotes have been included on the basic table.

OBLIGATIONS OF FEDERAL AGENCIES FOR MEDICAL, HOSPITAL AND RELATED SERVICES
CONTINENTAL UNITED STATES, FISCAL YEARS 1940, 1947, 1948 AND 1949

FUNCTIONS AND AGENCIES	ACTUAL OBLIGATIONS						ESTIMATED OBLIGATIONS	
	Fiscal Year 1940		Fiscal Year 1947		Fiscal Year 1948		Fiscal Year 1949	
	Amount	Percent of Total For Function	Amount	Percent of Total For Function	Amount	Percent of Total For Function	Amount	Percent of Total For Function
ALL FUNCTIONS								
All Agencies	\$200,691,737	100.0	\$1,077,307,184	100.0	\$1,246,315,746	100.0	\$1,923,385,304	100.0
Agriculture ⁹	11,636,607	5.8	17,348,907	1.6	16,528,243	1.3	17,205,950	0.9
Army (Including Air Force) ^a	13,949,354	7.0	194,803,620	18.1	161,409,391	13.0	165,553,469	8.6
Atomic Energy Commission	—	—	6,249,000	0.6	15,119,455	1.2	24,339,037	1.3
Bureau of Budget	14,000	*	90,950	*	109,500	*	126,400	*
Civil Service Commission	1,800	*	11,291	*	13,421	*	15,701	*
Federal Security Agency								
Total	54,585,124	27.1	173,736,630	16.1	184,263,060	14.8	344,408,310	17.9
Children's Bureau	8,641,193	4.3	29,867,195	2.8	20,869,965	1.7	20,098,115	1.0
Employees' Compensation Commission ...	5,321,100	2.6	2,375,309	0.2	2,892,287	0.2	3,115,000	0.2
Food and Drug Administration	2,572,466	1.3	4,620,053	0.4	4,815,700	0.4	5,135,116	0.3
Freedmen's Hospital	498,244	0.2	1,468,768	0.1	2,296,760	0.2	2,393,454	0.1
Howard University	219,875	0.1	443,470	*	485,112	*	796,767	*
Office of Vocational Rehabilitation ..	2,047,387	1.0	14,188,933	1.3	17,701,123	1.4	18,000,000	0.9
Public Health Service	31,125,953	15.5	112,536,443	10.4	126,691,597	10.2	285,038,840	14.8
St. Elizabeth's Hospital	4,158,906	2.1	8,236,459	0.8	8,510,516	0.7	9,831,018	0.5
Federal Trade Commission	22,640	*	29,754	*	35,100	*	38,930	*
Federal Works Agency	3,013,584	1.5	588,636	0.1	290,134	*	4,497,219	0.2
Housing and Home Finance Agency	—	—	100,489	*	116,000	*	20,000	*
Interior								
Total	6,230,842	3.1	8,900,834	0.8	9,676,833	0.8	12,808,580	0.7
Bureau of Mines and Others	248,576	0.1	434,065	*	511,873	*	524,119	*
Fish and Wildlife Service	11,243	*	16,278	*	28,739	*	29,000	*
Bureau of Indian Affairs	5,971,023	3.0	8,364,355	0.8	9,038,179	0.7	12,118,426	0.6
Bureau of Reclamation	—	—	86,136	*	98,042	*	137,035	*
Justice								
Total	1,157,658	0.6	1,634,878	0.2	1,607,296	0.1	1,785,171	0.1
Immigration and Naturalization Service	53,556	*	116,952	*	120,651	*	109,700	*
Bureau of Prisons	1,104,102	0.6	1,517,926	0.1	1,486,645	0.1	1,675,471	0.1
Labor: Bureau of Labor Standards	290,485	0.1	295,916	*	249,486	*	276,429	*
Maritime Commission	—	—	334,204	*	269,350	*	268,190	*
Navy	11,291,206	5.6	99,305,827	9.2	88,384,982	7.1	104,831,748	5.5
State: Institute of Inter-American Affairs	—	—	5,730,501	0.5	5,922,173	0.5	2,990,819	0.2
Tennessee Valley Authority	306,279	0.2	611,308	0.1	542,607	*	562,162	*
Treasury								
Total	1,485,000	0.7	2,086,516	0.2	2,030,426	0.2	2,147,501	0.1
Bureau of Narcotics	1,306,700	0.6	1,440,000	0.1	1,430,000	0.1	1,450,000	0.1
Coast Guard	178,300	0.1	646,516	0.1	600,426	*	697,501	*
Veterans Administration	96,707,158	48.2	565,447,923	52.5	759,748,289	61.0	1,241,509,688	64.5
I IN-PATIENT CARE (Total)								
All Agencies	121,582,904	100.0	697,378,490	100.0	859,013,279	100.0	1,508,675,849	100.0
Agriculture	—	—	—	—	—	—	—	—
Army (Including Air Force) ^a	10,224,877	8.4	142,644,898	20.5	132,552,691	15.4	137,509,878	9.1
Atomic Energy Commission	—	—	1,071,000	0.2	1,887,000	0.2	1,546,037	0.1
Bureau of Budget	—	—	—	—	—	—	—	—
Civil Service Commission	—	—	—	—	—	—	—	—
Federal Security Agency								
Total	20,383,283	16.6	40,886,842	5.8	49,077,793	5.7	189,865,297	12.6
Children's Bureau	—	—	—	—	—	—	—	—
Employees' Compensation Commission ^c ...	5,172,813	4.2	2,274,710	0.3	2,784,780	0.3	3,000,000	0.2
Food and Drug Administration	—	—	—	—	—	—	—	—
Freedmen's Hospital	498,244	0.4	1,468,768	0.2	2,296,760	0.3	2,393,454	0.2
Howard University	—	—	—	—	—	—	—	—
Office of Vocational Rehabilitation ..	—	—	898,366	0.1	1,311,226	0.2	1,637,982	0.1
Public Health Service	10,754,719	8.8	28,458,949	4.1	34,658,066	4.0	173,557,774	11.5
St. Elizabeth's Hospital	3,957,507	3.2	7,786,049	1.1	8,026,961	0.9	9,276,087	0.6
Federal Trade Commission	—	—	—	—	—	—	—	—
Federal Works Agency	3,013,584	2.5	544,000	0.1	257,041	*	4,404,955	0.3
Housing and Home Finance Agency	—	—	—	—	—	—	—	—
Interior								
Total	4,465,508	3.7	7,380,917	1.1	8,270,781	1.0	11,144,513	0.7
Bureau of Mines and Others	248,576	0.2	434,065	0.1	511,873	0.1	524,119	*
Fish and Wildlife Service	11,243	*	16,278	*	28,739	*	29,000	*
Bureau of Indian Affairs ⁶	4,205,689	3.5	6,844,438	1.0	7,632,127	0.9	10,480,394	0.7
Bureau of Reclamation	—	—	86,136	*	98,042	*	111,000	*
Justice								
Total	490,862	0.4	646,991	0.1	638,672	0.1	693,257	*
Immigration and Naturalization Service	43,575	*	89,402	*	95,325	*	83,600	*
Bureau of Prisons	447,287	0.4	557,589	0.1	543,347	0.1	609,657	*
Labor: Bureau of Labor Standards	—	—	—	—	—	—	—	—
Maritime Commission	—	—	110,410	*	109,895	*	209,441	*
Navy	7,812,712	6.4	66,122,070	9.5	49,668,174	5.8	67,411,825	4.5
State: Institute of Inter-American Affairs	—	—	—	—	—	—	—	—
Tennessee Valley Authority	93,043	0.1	18,914	*	10,971	*	14,472	*
Treasury								
Total	—	—	—	—	—	—	—	—
Bureau of Narcotics	—	—	—	—	—	—	—	—
Coast Guard	—	—	—	—	—	—	—	—
Veterans Administration	75,099,035	61.8	437,952,448	62.7	616,540,261	71.8	1,095,876,174	72.6



FUNCTIONS AND AGENCIES	ACTUAL OBLIGATIONS						ESTIMATED OBLIGATIONS	
	Fiscal Year 1940		Fiscal Year 1947		Fiscal Year 1948		Fiscal Year 1949	
	Amount	Percent of Total For Function	Amount	Percent of Total For Function	Amount	Percent of Total For Function	Amount	Percent of Total For Function
I. INPATIENT CARE:								
a. Within Own Facilities								
All Agencies	\$102,619,495	100.0	\$584,157,361	100.0	\$583,127,088	100.0	\$654,187,821	100.0
Agriculture	---	---	---	---	---	---	---	---
Army (Including Air Force) ^a	10,071,434	9.8	141,975,898	24.3	131,833,581	22.6	136,766,404	20.9
Atomic Energy Commission	---	---	1,071,000	0.2	1,887,000	0.3	1,546,037	0.2
Bureau of Budget	---	---	---	---	---	---	---	---
Civil Service Commission	---	---	---	---	---	---	---	---
Federal Security Agency	---	---	---	---	---	---	---	---
Total	14,819,383	14.4	37,055,962	6.4	40,173,366	6.9	38,301,380	5.9
Children's Bureau	---	---	---	---	---	---	---	---
Employees' Compensation Commission ^c ..	---	---	---	---	---	---	---	---
Food and Drug Administration	---	---	---	---	---	---	---	---
Freedmen's Hospital	498,244	0.5	1,468,768	0.3	2,296,760	0.4	2,393,454	0.4
Howard University	---	---	---	---	---	---	---	---
Office of Vocational Rehabilitation ..	---	---	---	---	---	---	---	---
Public Health Service	10,363,632	10.1	27,801,145	4.8	29,849,645	5.1	26,631,839	4.1
St. Elizabeth's Hospital	3,957,507	3.8	7,786,049	1.3	8,026,961	1.4	9,276,087	1.4
Federal Trade Commission	---	---	---	---	---	---	---	---
Federal Works Agency	---	---	401,728	0.1	70,000	*	65,000	*
Housing and Home Finance Agency	---	---	---	---	---	---	---	---
Interior	---	---	---	---	---	---	---	---
Total	3,825,452	3.7	6,115,643	1.0	6,669,763	1.1	7,177,945	1.1
Bureau of Mines and Others	39,736	*	63,982	*	74,973	*	76,119	*
Fish and Wildlife Service	11,243	*	16,278	*	28,739	*	29,000	*
Bureau of Indian Affairs ^b	3,774,473	3.7	6,035,383	1.0	6,566,051	1.1	7,072,826	1.1
Bureau of Reclamation	---	---	---	---	---	---	---	---
Justice	---	---	---	---	---	---	---	---
Total	318,305	0.3	462,394	0.1	451,775	0.1	514,786	0.1
Immigration and Naturalization Service	---	---	---	---	---	---	---	---
Bureau of Prisons	318,305	0.3	462,394	0.1	451,775	0.1	514,786	0.1
Labor: Bureau of Labor Standards	---	---	---	---	---	---	---	---
Maritime Commission	---	---	110,410	*	109,895	*	209,441	*
Navy	7,515,118	7.3	55,881,174	9.6	48,499,822	8.3	51,215,812	7.8
State: Institute of Inter-American Affairs	---	---	---	---	---	---	---	---
Tennessee Valley Authority	93,043	0.1	18,914	*	10,971	*	---	---
Treasury	---	---	---	---	---	---	---	---
Total	---	---	---	---	---	---	---	---
Bureau of Narcotics	---	---	---	---	---	---	---	---
Coast Guard	---	---	---	---	---	---	---	---
Veterans Administration	65,976,760	64.3	341,064,238	58.3	353,420,915	60.7	418,391,016	64.0
b. Outside Own Facilities (Total)								
All Agencies	\$13,151,405	100.0	\$35,066,429	100.0	\$46,379,263	100.0	\$70,666,684	100.0
Agriculture	---	---	---	---	---	---	---	---
Army (Including Air Force) ^a	153,443	1.2	669,000	1.9	719,110	1.6	743,474	1.1
Atomic Energy Commission	---	---	---	---	---	---	---	---
Bureau of Budget	---	---	---	---	---	---	---	---
Civil Service Commission	---	---	---	---	---	---	---	---
Federal Security Agency	---	---	---	---	---	---	---	---
Total	5,563,900	42.3	3,830,880	11.0	4,794,320	10.3	5,573,297	7.9
Children's Bureau	---	---	---	---	---	---	---	---
Employees' Compensation Commission ^c ..	5,172,813	39.3	2,274,710	6.5	2,784,780	6.0	3,000,000	4.2
Food and Drug Administration	---	---	---	---	---	---	---	---
Freedmen's Hospital	---	---	---	---	---	---	---	---
Howard University	---	---	---	---	---	---	---	---
Office of Vocational Rehabilitation ..	---	---	898,366	2.6	1,311,226	2.8	1,637,982	2.3
Public Health Service	391,087	3.0	657,804	1.9	698,314	1.5	935,315	1.3
St. Elizabeth's Hospital	---	---	---	---	---	---	---	---
Federal Trade Commission	---	---	---	---	---	---	---	---
Federal Works Agency	---	---	---	---	---	---	---	---
Housing and Home Finance Agency	---	---	---	---	---	---	---	---
Interior	---	---	---	---	---	---	---	---
Total	208,840	1.6	1,144,228	3.3	1,253,463	2.6	1,493,859	2.1
Bureau of Mines and Others	208,840	1.6	370,083	1.1	436,900	0.9	448,000	0.6
Fish and Wildlife Service	---	---	---	---	---	---	---	---
Bureau of Indian Affairs ^b	N.A.	N.A.	688,009	2.0	718,521	1.5	934,859	1.3
Bureau of Reclamation	---	---	86,136	0.2	98,042	0.2	111,000	0.2
Justice	---	---	---	---	---	---	---	---
Total	172,557	1.3	184,597	0.5	186,897	0.4	178,471	0.2
Immigration and Naturalization Service	43,575	0.3	89,402	0.2	95,325	0.2	83,600	0.1
Bureau of Prisons	128,982	1.0	95,195	0.3	91,572	0.2	94,871	0.1
Labor: Bureau of Labor Standards	---	---	---	---	---	---	---	---
Maritime Commission	---	---	---	---	---	---	---	---
Navy	9,094	0.1	316,123	0.9	1,168,352	2.5	1,196,013	1.7
State: Institute of Inter-American Affairs	---	---	---	---	---	---	---	---
Tennessee Valley Authority	---	---	---	---	---	---	---	---
Treasury	---	---	---	---	---	---	---	---
Total	---	---	---	---	---	---	---	---
Bureau of Narcotics	---	---	---	---	---	---	---	---
Coast Guard	---	---	---	---	---	---	---	---
Veterans Administration	7,043,571	53.5	28,921,601	82.4	38,257,121	82.5	61,481,570	87.0

FUNCTIONS AND AGENCIES	ACTUAL OBLIGATIONS						ESTIMATED OBLIGATIONS	
	Fiscal Year 1940		Fiscal Year 1947		Fiscal Year 1948		Fiscal Year 1949	
	Amount	Percent of Total For Function	Amount	Percent of Total For Function	Amount	Percent of Total For Function	Amount	Percent of Total For Function
I. INPATIENT CARE								
b. Outside Own Facilities:								
1. In Federal Hospitals:								
All Agencies	\$4,852,536	100.0	\$18,833,184	100.0	\$29,026,780	100.0	\$34,646,355	100.0
Agriculture	--	--	--	--	--	--	--	--
Army (Including Air Force) ^a	102,333	2.1	157,349	0.8	169,110	0.6	280,010	0.8
Atomic Energy Commission	--	--	--	--	--	--	--	--
Bureau of Budget	--	--	--	--	--	--	--	--
Civil Service Commission	--	--	--	--	--	--	--	--
Federal Security Agency								
Total	733,084	15.1	976,732	5.2	1,238,487	4.3	1,545,022	4.5
Children's Bureau	--	--	--	--	--	--	--	--
Employees' Compensation Commission ^c ..	633,211 ^d	13.0	763,919 ^d	4.1	957,962 ^d	3.3	1,150,000 ^d	3.3
Food and Drug Administration	--	--	--	--	--	--	--	--
Freedmen's Hospital	--	--	--	--	--	--	--	--
Howard University	--	--	--	--	--	--	--	--
Office of Vocational Rehabilitation ..	--	--	--	--	--	--	--	--
Public Health Service	99,873	2.1	212,813	1.1	280,525	1.0	395,022	1.1
St. Elizabeth's Hospital	--	--	--	--	--	--	--	--
Federal Trade Commission	--	--	--	--	--	--	--	--
Federal Works Agency	--	--	--	--	--	--	--	--
Housing and Home Finance Agency	--	--	--	--	--	--	--	--
Interior								
Total	--	--	107,100	0.6	110,880	0.4	110,000	0.3
Bureau of Mines and Others	--	--	--	--	--	--	--	--
Fish and Wildlife Service	--	--	--	--	--	--	--	--
Bureau of Indian Affairs ^b	N.A.	N.A.	107,100	0.6	110,880	0.4	110,000	0.3
Bureau of Reclamation	--	--	--	--	--	--	--	--
Justice								
Total	40,793	0.8	77,524	0.4	89,372	0.3	77,500	0.2
Immigration and Naturalization Service	40,793	0.8	77,524	0.4	89,372	0.3	77,500	0.2
Bureau of Prisons	--	--	--	--	--	--	--	--
Labor: Bureau of Labor Standards	--	--	--	--	--	--	--	--
Maritime Commission	--	--	--	--	--	--	--	--
Navy	--	--	208,687	1.1	1,044,996	3.6	998,418	2.9
State: Institute of Inter-American Affairs	--	--	--	--	--	--	--	--
Tennessee Valley Authority	--	--	--	--	--	--	--	--
Treasury								
Total	--	--	--	--	--	--	--	--
Bureau of Narcotics	--	--	--	--	--	--	--	--
Coast Guard	(e)	(e)	(e)	(e)	(e)	(e)	(e)	(e)
Veterans Administration	3,976,326	81.9	17,305,792	91.9	26,373,935	90.8	31,635,405	91.3
2. In Non-Federal Hospitals:								
All Agencies	\$8,298,869	100.0	\$16,233,245	100.0	\$17,352,483	100.0	\$36,020,329	100.0
Agriculture	--	--	--	--	--	--	--	--
Army (Including Air Force) ^a	51,110	0.6	511,651	3.2	550,000	3.2	463,464	1.3
Atomic Energy Commission	--	--	--	--	--	--	--	--
Bureau of Budget	--	--	--	--	--	--	--	--
Civil Service Commission	--	--	--	--	--	--	--	--
Federal Security Agency								
Total	4,830,816	58.2	2,854,148	17.5	3,555,833	20.5	4,028,275	11.2
Children's Bureau	--	--	--	--	--	--	--	--
Employees' Compensation Commission ^c ..	4,539,602	54.7	1,510,791	9.3	1,826,818	10.5	1,850,000	5.1
Food and Drug Administration	--	--	--	--	--	--	--	--
Freedmen's Hospital	--	--	--	--	--	--	--	--
Howard University	--	--	--	--	--	--	--	--
Office of Vocational Rehabilitation ..	--	--	898,366	5.5	1,311,226	7.6	1,637,982	4.5
Public Health Service	291,214	3.5	444,991	2.7	417,789	2.4	540,293	1.5
St. Elizabeth's Hospital	--	--	--	--	--	--	--	--
Federal Trade Commission	--	--	--	--	--	--	--	--
Federal Works Agency	--	--	--	--	--	--	--	--
Housing and Home Finance Agency	--	--	--	--	--	--	--	--
Interior								
Total	208,840	2.5	1,037,128	6.4	1,142,583	6.6	1,383,859	3.8
Bureau of Mines and Others	208,840	2.5	370,083	2.3	436,900	2.5	448,000	1.2
Fish and Wildlife Service	--	--	--	--	--	--	--	--
Bureau of Indian Affairs ^b	N.A.	N.A.	580,909	3.6	607,641	3.5	824,859	2.3
Bureau of Reclamation	--	--	86,136	0.5	98,042	0.6	111,000	0.3
Justice								
Total	131,764	1.6	107,073	0.7	97,525	0.6	100,971	0.3
Immigration and Naturalization Service	2,782	*	11,878	0.1	5,953	*	6,100	*
Bureau of Prisons	128,982	1.6	95,195	0.6	91,572	0.5	94,871	0.3
Labor: Bureau of Labor Standards	--	--	--	--	--	--	--	--
Maritime Commission	--	--	--	--	--	--	--	--
Navy	9,094	0.1	107,436	0.7	123,356	0.7	197,595	0.5
State: Institute of Inter-American Affairs	--	--	--	--	--	--	--	--
Tennessee Valley Authority	--	--	--	--	--	--	--	--
Treasury								
Total	--	--	--	--	--	--	--	--
Bureau of Narcotics	--	--	--	--	--	--	--	--
Coast Guard	--	--	--	--	--	--	--	--
Veterans Administration	3,067,245	37.0	11,615,809	71.5	11,883,186	68.4	29,846,165	82.9

FUNCTIONS AND AGENCIES	ACTUAL OBLIGATIONS						ESTIMATED OBLIGATIONS	
	Fiscal Year 1940		Fiscal Year 1947		Fiscal Year 1948		Fiscal Year 1949	
	Amount	Percent of Total For Function	Amount	Percent of Total For Function	Amount	Percent of Total For Function	Amount	Percent of Total For Function
I. INPATIENT CARE								
c. Construction (Bed and Non Bed Producing Projects)								
All Agencies	\$5,812,004	100.0	\$78,154,700	100.0	\$229,506,928	100.0	\$783,821,344	100.0
Agriculture	--	--	--	--	--	--	--	--
Army (Including Air Force) ^a	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
Atomic Energy Commission	--	--	--	--	--	--	--	--
Bureau of Budget	--	--	--	--	--	--	--	--
Civil Service Commission	--	--	--	--	--	--	--	--
Federal Security Agency								
Total	--	--	--	--	4,110,107	1.8	145,990,620	18.6
Children's Bureau	--	--	--	--	--	--	--	--
Employees' Compensation Commission ...	--	--	--	--	--	--	--	--
Food and Drug Administration	--	--	--	--	--	--	--	--
Freedmen's Hospital	--	--	--	--	--	--	--	--
Howard University	--	--	--	--	--	--	--	--
Office of Vocational Rehabilitation ..	--	--	--	--	--	--	--	--
Public Health Service	--	--	--	--	4,110,107	1.8	145,990,620	18.6
St. Elizabeth's Hospital	--	--	--	--	--	--	--	--
Federal Trade Commission ¹	--	--	--	--	--	--	--	--
Federal Works Agency	3,013,584	51.8	142,272	0.2	187,041	0.1	4,339,955	0.6
Housing and Home Finance Agency	--	--	--	--	--	--	--	--
Interior								
Total	431,216	7.4	121,046	0.2	347,555	0.2	2,472,709	0.3
Bureau of Mines and Others	--	--	--	--	--	--	--	--
Fish and Wildlife Service	--	--	--	--	--	--	--	--
Bureau of Indian Affairs	431,216	7.4	121,046	0.2	347,555	0.2	2,472,709	0.3
Bureau of Reclamation	--	--	--	--	--	--	--	--
Justice								
Total	--	--	--	--	--	--	--	--
Immigration and Naturalization Service	--	--	--	--	--	--	--	--
Bureau of Prisons	--	--	--	--	--	--	--	--
Labor: Bureau of Labor Standards	--	--	--	--	--	--	--	--
Maritime Commission	--	--	--	--	--	--	--	--
Navy	288,500	5.0	9,924,773	12.7	--	--	15,000,000	1.9
State: Institute of Inter-American Affairs	--	--	--	--	--	--	--	--
Tennessee Valley Authority	--	--	--	--	--	--	14,472	*
Treasury								
Total	--	--	--	--	--	--	--	--
Bureau of Narcotics	--	--	--	--	--	--	--	--
Coast Guard	--	--	--	--	--	--	--	--
Veterans Administration	2,078,704	35.8	67,966,609	86.9	224,862,225	97.9	616,003,588	78.6
II. OUTPATIENT CARE (Total)								
All Agencies	12,278,356	100.0	174,646,255	100.0	172,801,578	100.0	175,979,174	100.0
Agriculture	60	*	1,868,197	1.1	417,321	0.2	46,100	*
Army (Including Air Force) ^a	2,650,377	21.6	37,178,013	21.3	20,489,900	11.9	22,114,559	12.6
Atomic Energy Commission	--	--	--	--	--	--	--	--
Bureau of Budget	--	--	--	--	--	--	--	--
Civil Service Commission	1,800	*	11,291	*	13,421	*	15,701	*
Federal Security Agency								
Total	1,054,138	8.6	4,638,218	2.7	5,244,620	3.1	4,304,966	2.4
Children's Bureau	--	--	--	--	--	--	--	--
Employees' Compensation Commission ...	(c)	(c)	(c)	(c)	(c)	(c)	(c)	(c)
Food and Drug Administration	--	--	--	--	--	--	--	--
Freedmen's Hospital	--	--	--	--	--	--	--	--
Howard University	--	--	--	--	--	--	--	--
Office of Vocational Rehabilitation ..	132,525	1.1	872,499	0.5	1,299,208	0.8	1,522,922	0.9
Public Health Service	921,613	7.5	3,765,719	2.2	3,945,412	2.3	2,782,044	1.6
St. Elizabeth's Hospital	--	--	--	--	--	--	--	--
Federal Trade Commission	--	--	--	--	--	--	--	--
Federal Works Agency	--	--	--	--	12,311	*	17,264	*
Housing and Home Finance Agency	--	--	--	--	--	--	--	--
Interior								
Total	--	--	--	--	--	--	26,035	*
Bureau of Mines and Others	--	--	--	--	--	--	--	--
Fish and Wildlife Service	--	--	--	--	--	--	--	--
Bureau of Indian Affairs	(b)	(b)	(b)	(b)	(b)	(b)	(b)	(b)
Bureau of Reclamation	--	--	--	--	--	--	26,035	*
Justice								
Total	645,192	5.2	949,527	0.5	925,995	0.5	1,045,772	0.6
Immigration and Naturalization Service	2,781	*	18,878	*	16,654	*	16,200	*
Bureau of Prisons	642,411	5.2	930,649	0.5	909,341	0.5	1,029,572	0.6
Labor: Bureau of Labor Standards	--	--	--	--	--	--	--	--
Maritime Commission	--	--	151,590	0.1	137,438	0.1	--	--
Navy	2,483,783	20.2	23,358,760	13.3	24,249,790	14.0	24,514,268	13.9
State: Institute of Inter-American Affairs	--	--	--	--	--	--	--	--
Tennessee Valley Authority	140,298	1.1	274,388	0.2	229,233	0.1	243,423	0.1
Treasury								
Total	175,000	1.4	622,016	0.4	600,426	0.3	672,501	0.4
Bureau of Narcotics	--	--	--	--	--	--	--	--
Coast Guard	175,000	1.4	622,016	0.4	600,426	0.3	672,501	0.4
Veterans Administration	5,127,708	41.8	105,594,255	60.4	120,481,123	69.7	122,978,585	69.9

FUNCTIONS AND AGENCIES	ACTUAL OBLIGATIONS						ESTIMATED OBLIGATIONS	
	Fiscal Year 1940		Fiscal Year 1947		Fiscal Year 1948		Fiscal Year 1949	
	Amount	Percent of Total For Function	Amount	Percent of Total For Function	Amount	Percent of Total For Function	Amount	Percent of Total For Function
II. OUTPATIENT CARE								
a. Within Own Facilities:								
All Agencies	\$11,445,620	100.0	\$106,554,969	100.0	\$102,383,147	100.0	\$110,724,544	100.0
Agriculture	60	*	18,197	*	55,521	0.1	46,100	*
Army (Including Air Force) ^a	2,650,377	23.2	37,178,013	34.9	20,489,900	20.0	22,114,559	20.0
Atomic Energy Commission	—	—	—	—	—	—	—	—
Bureau of Budget	—	—	—	—	—	—	—	—
Civil Service Commission	1,800	*	11,291	*	13,421	*	15,701	*
Federal Security Agency								
Total	921,613	8.1	3,765,719	3.5	3,945,412	3.9	2,744,094	2.5
Children's Bureau	—	—	—	—	—	—	—	—
Employees' Compensation Commission ..	—	—	—	—	—	—	—	—
Food and Drug Administration	—	—	—	—	—	—	—	—
Freedmen's Hospital	—	—	—	—	—	—	—	—
Howard University	—	—	—	—	—	—	—	—
Office of Vocational Rehabilitation ..	—	—	—	—	—	—	—	—
Public Health Service	921,613	8.1	3,765,719	3.5	3,945,412	3.9	2,744,094	2.5
St. Elizabeth's Hospital	—	—	—	—	—	—	—	—
Federal Trade Commission	—	—	—	—	—	—	—	—
Federal Works Agency	—	—	—	—	12,311	*	17,264	*
Housing and Home Finance Agency	—	—	—	—	—	—	—	—
Interior								
Total	—	—	—	—	—	—	—	—
Bureau of Mines and Others	—	—	—	—	—	—	—	—
Fish and Wildlife Service	—	—	—	—	—	—	—	—
Bureau of Indian Affairs	(b)	(b)	(b)	(b)	(b)	(b)	(b)	(b)
Bureau of Reclamation	—	—	—	—	—	—	—	—
Justice								
Total	642,411	5.6	940,349	0.9	919,258	0.9	1,039,072	0.9
Immigration and Naturalization Service	—	—	9,700	*	9,917	*	9,500	*
Bureau of Prisons	642,411	5.6	930,649	0.9	909,341	0.9	1,029,572	0.9
Labor: Bureau of Labor Standards	—	—	—	—	—	—	—	—
Maritime Commission	—	—	151,590	0.1	137,438	0.1	—	—
Navy	2,472,182	21.6	23,303,017	21.9	24,203,015	23.6	24,469,818	22.1
State: Institute of Inter-American Affairs	—	—	—	—	—	—	—	—
Tennessee Valley Authority	140,298	1.2	274,388	0.3	229,233	0.2	243,423	0.2
Treasury								
Total	175,000	1.5	622,016	0.6	600,426	0.6	672,501	0.6
Bureau of Narcotics	—	—	—	—	—	—	—	—
Coast Guard	175,000	1.5	622,016	0.6	600,426	0.6	672,501	0.6
Veterans Administration	4,441,879	38.8	40,290,389	37.8	51,777,212	50.6	59,362,012	53.6
b. Outside Own Facilities:								
All Agencies	\$832,736	100.0	\$68,091,286	100.0	\$70,418,431	100.0	\$65,254,630	100.0
Agriculture	—	—	1,850,000	2.7	361,800	0.5	—	—
Army (Including Air Force) ^a	—	—	—	—	—	—	—	—
Atomic Energy Commission	—	—	—	—	—	—	—	—
Bureau of Budget	—	—	—	—	—	—	—	—
Civil Service Commission	—	—	—	—	—	—	—	—
Federal Security Agency								
Total	132,525	15.9	872,499	1.3	1,299,208	1.8	1,560,872	2.4
Children's Bureau	—	—	—	—	—	—	—	—
Employees' Compensation Commission ..	(c)	(c)	(c)	(c)	(c)	(c)	(c)	(c)
Food and Drug Administration	—	—	—	—	—	—	—	—
Freedmen's Hospital	—	—	—	—	—	—	—	—
Howard University	—	—	—	—	—	—	—	2.3
Office of Vocational Rehabilitation ..	132,525	15.9	872,499	1.3	1,299,208	1.8	1,522,922	0.1
Public Health Service	—	—	—	—	—	—	37,950	—
St. Elizabeth's Hospital	—	—	—	—	—	—	—	—
Federal Trade Commission	—	—	—	—	—	—	—	—
Federal Works Agency	—	—	—	—	—	—	—	—
Housing and Home Finance Agency	—	—	—	—	—	—	—	—
Interior								
Total	—	—	—	—	—	—	26,035	*
Bureau of Mines and Others	—	—	—	—	—	—	—	—
Fish and Wildlife Service	—	—	—	—	—	—	—	—
Bureau of Indian Affairs	(b)	(b)	(b)	(b)	(b)	(b)	(b)	(b)
Bureau of Reclamation	—	—	—	—	—	—	26,035	*
Justice								
Total	2,781	0.3	9,178	*	6,737	*	6,700	*
Immigration and Naturalization Service	2,781	0.3	9,178	*	6,737	*	6,700	*
Bureau of Prisons	—	—	—	—	—	—	—	—
Labor: Bureau of Labor Standards	—	—	—	—	—	—	—	—
Maritime Commission	—	—	—	—	—	—	—	—
Navy	11,601	1.4	55,743	0.1	46,775	0.1	44,450	0.1
State: Institute of Inter-American Affairs	—	—	—	—	—	—	—	—
Tennessee Valley Authority	—	—	—	—	—	—	—	—
Treasury								
Total	—	—	—	—	—	—	—	—
Bureau of Narcotics	—	—	—	—	—	—	—	—
Coast Guard	—	—	—	—	—	—	—	—
Veterans Administration	685,829	82.4	65,303,866	95.9	68,703,911	97.6	63,616,573	97.5

FUNCTIONS AND AGENCIES	ACTUAL OBLIGATIONS						ESTIMATED OBLIGATIONS	
	Fiscal Year 1940		Fiscal Year 1947		Fiscal Year 1948		Fiscal Year 1949	
	Amount	Percent of Total For Functions	Amount	Percent of Total For Function	Amount	Percent of Total For Function	Amount	Percent of Total For Function
III. RESEARCH AND DEVELOPMENT^j								
All Agencies	\$2,952,311	100.0	\$27,371,587	100.0	\$48,261,049	100.0	\$67,463,202	100.0
Agriculture	301,740	10.2	736,860	2.7	855,100	1.8	1,027,600	1.5
Army (Including Air Force) ^a	557,974	18.9	7,814,918	28.6	5,269,183	10.9	2,309,995	3.4
Atomic Energy Commission	--	--	5,098,000	18.6	12,355,255	25.6	20,219,000	30.0
Bureau of Budget	--	--	--	--	--	--	--	--
Civil Service Commission	--	--	--	--	--	--	--	--
Federal Security Agency								
Total	2,044,859	69.2	9,464,519	34.6	20,998,388	43.5	36,515,689	54.1
Children's Bureau	39,000	1.3	32,000	0.1	31,000	0.1	35,746	0.1
Employees' Compensation Commission ...	--	--	--	--	--	--	--	--
Food and Drug Administration	--	--	--	--	--	--	--	--
Freedmen's Hospital	--	--	--	--	--	--	--	--
Howard University	--	--	--	--	--	--	--	--
Office of Vocational Rehabilitation ..	--	--	--	--	--	--	--	--
Public Health Service	2,005,859	67.9	9,432,519	34.5	20,967,388	43.4	36,479,943	54.0
St Elizabeth's Hospital	--	--	--	--	--	--	--	--
Federal Trade Commission	--	--	--	--	--	--	--	--
Federal Works Agency	--	--	--	--	--	--	--	--
Housing and Home Finance Agency	--	--	100,489	0.4	116,000	0.2	20,000	*
Interior								
Total	25,000	0.8	10,180	*	12,011	*	14,250	*
Bureau of Mines and Others	--	--	--	--	--	--	--	--
Fish and Wildlife Service	--	--	--	--	--	--	--	--
Bureau of Indian Affairs	25,000	0.8	10,180	*	12,011	*	14,250	*
Bureau of Reclamation	--	--	--	--	--	--	--	--
Justice								
Total	--	--	--	--	--	--	--	--
Immigration and Naturalization Service	--	--	--	--	--	--	--	--
Bureau of Prisons	--	--	--	--	--	--	--	--
Labor: Bureau of Labor Standards	--	--	--	--	--	--	--	--
Maritime Commission	--	--	--	--	--	--	--	--
Navy	14,738	0.5	2,531,124	9.2	5,787,954	12.0	3,239,768	4.8
State: Institute of Inter-American Affairs	--	--	215,600	0.8	227,500	0.5	109,700	0.2
Tennessee Valley Authority	8,000	0.3	7,200	*	7,200	*	7,200	*
Treasury								
Total	--	--	--	--	--	--	--	--
Bureau of Narcotics	--	--	--	--	--	--	--	--
Coast Guard	--	--	--	--	--	--	--	--
Veterans Administration	--	--	1,392,697	5.1	2,632,458 ^h	5.5	4,000,000	5.9
IV. ALL OTHER PROJECTS RELATED TO PUBLIC HEALTH								
All Agencies	41,220,648	100.0	115,734,069	100.0	110,759,881	100.0	116,359,732	100.0
Agriculture	11,242,264	27.3	14,555,451	12.6	15,247,409	13.8	16,132,250	13.9
Army (Including Air Force) ^a	(f)	(f)	(f)	(f)	(f)	(f)	(f)	(f)
Atomic Energy Commission	--	--	--	--	--	--	--	--
Bureau of Budget	--	--	--	--	--	--	--	--
Civil Service Commission	--	--	--	--	--	--	--	--
Federal Security Agency								
Total	26,746,633	64.9	91,944,699	79.5	86,279,783	77.9	93,356,135	80.2
Children's Bureau	8,478,193	20.6	29,609,195	25.6	20,601,965	18.6	19,817,612	17.0
Employees' Compensation Commission ...	--	--	--	--	--	--	--	--
Food and Drug Administration	2,315,219	5.6	4,158,048	3.6	4,334,130	3.9	4,621,604	4.0
Freedmen's Hospital	--	--	--	--	--	--	--	--
Howard University	--	--	--	--	--	--	--	--
Office of Vocational Rehabilitation ..	490,237	1.2	7,825,777	6.8	9,452,162	8.5	10,067,884	8.7
Public Health Service	15,462,984	37.5	50,351,679	43.5	51,891,526	46.8	58,849,035	50.5
St. Elizabeth's Hospital	--	--	--	--	--	--	--	--
Federal Trade Commission	22,640	*	26,779	*	31,590	*	35,037	*
Federal Works Agency	--	--	--	--	--	--	75,000	0.1
Housing and Home Finance Agency	--	--	--	--	--	--	--	--
Interior								
Total	1,622,522	3.9	1,386,461	1.2	1,280,717	1.2	1,460,220	1.3
Bureau of Mines and Others	--	--	--	--	--	--	--	--
Fish and Wildlife Service	--	--	--	--	--	--	--	--
Bureau of Indian Affairs	1,622,522	3.9	1,386,461	1.2	1,280,717	1.2	1,460,220	1.3
Bureau of Reclamation	--	--	--	--	--	--	--	--
Justice								
Total	--	--	--	--	--	--	--	--
Immigration and Naturalization Service	--	--	--	--	--	--	--	--
Bureau of Prisons	--	--	--	--	--	--	--	--
Labor: Bureau of Labor Standards	261,436	0.6	266,324	0.2	224,537	0.2	248,786	0.2
Maritime Commission	--	--	--	--	--	--	--	--
Navy	106,895	0.3	1,078,236	0.9	968,184	0.9	969,000	0.8
State: Institute of Inter-American Affairs	--	--	4,904,000	4.2	5,175,000	4.7	2,496,000	2.1
Tennessee Valley Authority	42,228	0.1	276,119	0.2	265,661	0.2	282,304	0.2
Treasury								
Total	1,176,030	2.9	1,296,000	1.1	1,287,000	1.2	1,305,000	1.1
Bureau of Narcotics	1,176,030	2.9	1,296,000	1.1	1,287,000	1.2	1,305,000	1.1
Coast Guard	--	--	--	--	--	--	--	--
Veterans Administration	--	--	--	--	--	--	--	--

FUNCTIONS AND AGENCIES	ACTUAL OBLIGATIONS						ESTIMATED OBLIGATIONS	
	Fiscal Year 1940		FISCAL YEAR 1947		Fiscal Year 1948		Fiscal Year 1949	
	Amount	Percent of Total For Function	Amount	Percent of Total For Function	Amount	Percent of Total For Function	Amount	Percent of Total For Function
V. EDUCATION AND TRAINING								
All Agencies	\$2,125,003	100.0	\$22,316,896	100.0	\$19,148,931	100.0	\$22,899,829	100.0
Agriculture	—	—	—	—	—	—	—	—
Army (Including Air Force) ^a	181,342	8.5	2,516,930	11.3	1,309,142	6.8	1,660,060	7.2
Atomic Energy Commission	—	—	—	—	477,200	2.5	2,574,000	11.2
Bureau of Budget	—	—	—	—	—	—	—	—
Civil Service Commission	—	—	—	—	—	—	—	—
Federal Security Agency								
Total	1,395,027	65.5	15,948,741	71.5	10,976,579	57.3	8,474,028	37.0
Children's Bureau	—	—	—	—	—	—	—	—
Employees' Compensation Commission ...	—	—	—	—	—	—	—	—
Food and Drug Administration	—	—	—	—	—	—	—	—
Freedmen's Hospital	—	—	—	—	—	—	—	—
Howard University	219,875	10.3	443,470	2.0	485,112	2.5	796,767	3.5
Office of Vocational Rehabilitation ..	1,035,789	48.7	1,951,773	8.7	2,504,150	13.1	3,321,842	14.5
Public Health Service	83,524	3.9	13,429,292	60.2	7,858,574	41.0	4,192,119	18.3
St. Elizabeth's Hospital	55,839	2.6	124,206	0.6	128,743	0.7	163,300	0.7
Federal Trade Commission	—	—	—	—	—	—	—	—
Federal Works Agency	—	—	—	—	—	—	—	—
Housing and Home Finance Agency	—	—	—	—	—	—	—	—
Interior								
Total	10,000	0.5	21,930	0.1	27,074	0.1	27,000	0.1
Bureau of Mines and Others	—	—	—	—	—	—	—	—
Fish and Wildlife Service	—	—	—	—	—	—	—	—
Bureau of Indian Affairs	10,000	0.5	21,930	0.1	27,074	0.1	27,000	0.1
Bureau of Reclamation	—	—	—	—	—	—	—	—
Justice								
Total	—	—	—	—	—	—	—	—
Immigration and Naturalization Service	—	—	—	—	—	—	—	—
Bureau of Prisons	—	—	—	—	—	—	—	—
Labor: Bureau of Labor Standards	—	—	—	—	—	—	—	—
Maritime Commission	—	—	47,152	0.2	9,176	*	40,328	0.2
Navy	535,334	25.2	3,101,075	13.9	5,142,977	26.9	5,809,027	25.4
State: Institute of Inter-American Affairs	—	—	451,083	2.0	378,463	2.0	290,386	1.3
Tennessee Valley Authority	—	—	—	—	—	—	—	—
Treasury								
Total	3,300	0.2	24,500	0.1	—	—	25,000	0.1
Bureau of Narcotics	—	—	—	—	—	—	—	—
Coast Guard	3,300	0.2	24,500	0.1	—	—	25,000	0.1
Veterans Administration	—	—	205,485	0.9	828,320	4.3	4,000,000	17.5
VI. GENERAL ADMINISTRATION								
All Agencies	\$20,532,515	100.0	\$39,859,887	100.0	\$36,331,028	100.0	\$32,007,518	100.0
Agriculture	92,543	0.5	188,399	0.5	8,413	*	—	—
Army (Including Air Force) ^a	334,784	1.6	4,648,861	11.7	1,788,475	4.9	1,958,977	6.1
Atomic Energy Commission	—	—	80,000	0.2	400,000	1.1	N.A.	N.A.
Bureau of Budget	14,000	0.1	90,950	0.2	109,500	0.3	126,400	0.4
Civil Service Commission	—	—	—	—	—	—	—	—
Federal Security Agency								
Total	2,961,184	14.4	10,853,611	27.2	11,685,897	32.2	11,892,195	37.2
Children's Bureau	124,000	0.6	226,000	0.6	237,000	0.7	244,757	0.8
Employees' Compensation Commission ...	148,287	0.7	100,599	0.2	107,507	0.3	115,000	0.4
Food and Drug Administration	257,247	1.3	462,005	1.2	481,570	1.3	513,512	1.6
Freedmen's Hospital	—	—	—	—	—	—	—	—
Howard University	—	—	—	—	—	—	—	—
Office of Vocational Rehabilitation ..	388,836	1.9	2,640,518	6.6	3,134,377	8.6	1,449,370	4.5
Public Health Service	1,897,254	9.2	7,098,285	17.8	7,370,631	20.3	9,177,925	28.7
St. Elizabeth's Hospital	145,560	0.7	326,204	0.8	354,812	1.0	391,631	1.2
Federal Trade Commission	—	—	2,975	*	3,510	*	3,893	*
Federal Works Agency	—	—	44,636	0.1	20,782	0.1	N.A.	N.A.
Housing and Home Finance Agency	—	—	—	—	—	—	—	—
Interior								
Total	107,812	0.5	101,346	0.2	86,250	0.2	136,562	0.4
Bureau of Mines and Others	—	—	—	—	—	—	—	—
Fish and Wildlife Service	—	—	—	—	—	—	—	—
Bureau of Indian Affairs	107,812	0.5	101,346	0.2	86,250	0.2	136,562	0.4
Bureau of Reclamation	—	—	—	—	—	—	—	—
Justice								
Total	21,604	0.1	38,360	0.1	42,629	0.1	46,142	0.1
Immigration and Naturalization Service	7,200	*	8,672	*	8,672	*	9,900	*
Bureau of Prisons	14,404	0.1	29,688	0.1	33,957	0.1	36,242	0.1
Labor: Bureau of Labor Standards	29,049	0.1	29,592	0.1	24,949	0.1	27,643	0.1
Maritime Commission	—	—	25,052	0.1	12,841	*	18,421	0.1
Navy	337,744	1.6	3,114,562	7.8	2,567,903	7.1	2,887,860	9.0
State: Institute of Inter-American Affairs	—	—	159,818	0.4	141,210	0.4	94,733	0.3
Tennessee Valley Authority	22,710	0.1	34,687	0.1	29,542	0.1	14,763	*
Treasury								
Total	130,670	0.6	144,000	0.4	143,000	0.4	145,000	0.5
Bureau of Narcotics	130,670	0.6	144,000	0.4	143,000	0.4	145,000	0.5
Coast Guard	—	—	—	—	—	—	—	—
Veterans Administration	16,480,415	80.3	20,303,038	50.9	19,266,127	53.0	14,654,929	45.8

SOURCE: Communications from each listed agency.

NA Not available.

*Less than 0.05.

^aObligations for the Department of the Army for the years 1940 and 1947 have been estimated as follows: From an analysis of fiscal year 1948 cost reports received from all general hospitals and approximately 26 percent of the station hospitals, it was determined that of the total obligations incurred at those facilities 30.9 percent were charged against the "Medical and Hospital Department, Army". Appropriations for 1940, and 1947 for all medical activities within the continental limits of the United States, were increased in the same proportion in order that this report would more nearly show actual costs of operation.

^bObligations for outpatient care are not segregated in Indian Service accounting records but are included with obligations for inpatient care.

^cObligations for outpatient care not separated from those for inpatient care in accounting records of Employees Compensation Commission. Combined obligations are included under Inpatient Care.

^dIncludes payments to Public Health Service of \$500,000 in FY 1940, \$7,202 in FY 1947, \$34,172 in FY 1948 and an estimated \$25,000 in FY 1949 for inpatient and outpatient care rendered under the emergency Relief Acts. The hospitals and dispensaries of the Public Health Service are available without cost to the ECC for beneficiaries under the Federal Compensation Act.

^eCoast Guard personnel given inpatient care in Public Health Service hospitals without cost to Coast Guard.

^fSeparate obligations for preventive medicine activities are not available. Obligations for these purposes are probably included with those for inpatient and outpatient care.

^gObligations shown for the Department of Agriculture do not include the cost of the school lunch program which amounted to \$12,646,656 in 1940, \$81,636,149 in 1947, and \$87,000,000 in 1948 and \$94,898,616 in 1949.

^h1948 appropriations or allocations for medical research excludes \$450,659 unobligated transfers from previous years and \$225,000 transferred for FY 1948 from the Army for research in prosthetic appliances.

ⁱExcludes funds transferred to Federal Works Agency by Public Health Service.

^jObligations for research and development shown in this table were obtained from the listed agencies as one element of their pattern of obligations. Consequently there is some difference between these amounts, and their distribution by agency. These differences are accounted for by differences in allocations by function.

APPENDIX IV

OUTPATIENT SERVICES OF THE FEDERAL GOVERNMENT

A large volume of outpatient service is furnished yearly to the beneficiaries of the principal federal medical systems. In general the outpatient programs comprise both a medical program and a dental program, under each of which examinations and treatments are furnished. Outpatient services are provided at all installations, including hospitals, dispensaries and clinics of the agencies, as well as on a contract basis with other agencies and individuals at locations where no medical facilities are maintained but where beneficiaries of the system are found or when the demand exceeds an agency's capacity to supply the service in its own facilities.

Although the definition of "outpatient service" or "outpatient treatment" is not the same for all of the principal federal agencies providing medical services, an idea of the magnitude of the programs and of the variations in methods of furnishing care, types of care given, and beneficiaries may be obtained. This discussion will be confined principally to the outpatient programs of the Army, Public Health Service, and the Veterans Administration. Both the Navy and Indian Service regularly provide outpatient treatments and examinations but do not keep central records in any detail.

Beneficiaries

The military services and the Public Health Service provide outpatient services to all those groups which are eligible for hospitalization. Services include examination of individuals to determine need for hospitalization or to determine physical status and treatment for persons whose illness does not require hospitalization. With respect to

active-duty military personnel, an outpatient includes personnel treated or observed on duty status as well as to patients excused from performance of duty but returned to duty the same day. For non-military patients it refers to those persons treated or observed in medical installations without being admitted to a hospital facility as a patient.

In contrast to its inpatient program, the Veterans Administration provides outpatient treatments only for service-connected disabilities, although it may treat nonservice-connected disabilities as adjunct to conditions resulting from service. (Veterans receiving on-the-job training may receive treatment for nonservice-connected disabilities). Medical examinations, however, are given to veterans with nonservice-connected disabilities to determine their need for hospitalization or domiciliary care and for certain other purposes. Dental care also is furnished only for disabilities related to military service.

Unlike the hospital care programs a larger volume of inpatient services is provided to prime beneficiaries than is furnished to contingent beneficiaries. During the fiscal year 1948, American seamen and personnel of the Public Health Service and Coast Guard received 75 percent of all outpatient treatments and 54 percent of all examinations given. In addition, Bureau of Employees' Compensation cases, legal beneficiaries of the Public Health Service, received 13 percent and 12 percent of all treatments and examinations, respectively. Active duty personnel of the Army and Air Force were furnished 73 percent and 63 percent of all outpatient medical treatments during the calendar years 1947 and 1948. Under the Veterans Administration program, (Even when nonservice-connected cases are considered as contingent beneficiaries)

1941-1942

1943-1944

1945-1946

1947-1948

1949-1950

1951-1952

1953-1954

1955-1956

1957-1958

1959-1960

1961-1962

1963-1964

1965-1966

1967-1968

1969-1970

1971-1972

1973-1974

1975-1976

1977-1978

1979-1980

1981-1982

1983-1984

1985-1986

1987-1988

1989-1990

1991-1992

1993-1994

1995-1996

1997-1998

1999-2000

2001-2002

2003-2004

2005-2006

2007-2008

2009-2010

2011-2012

2013-2014

2015-2016

the entire treatment program and a large part of the examinations are made on behalf of prime beneficiaries.

NUMBER OF OUTPATIENT SERVICES BY CLASS OF BENEFICIARY, 1948^{a/}

	<u>Army and Air Force</u>		<u>Public Health Service</u>	
	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>
Total				
Outpatients	6,307,506	100.0	444,700	100.0
Outpatient Treatments	10,313,843	100.0	1,406,100	100.0
Prime Beneficiaries				
Outpatients	3,893,996	61.7	344,500	77.5
Outpatient Treatments	6,475,915	62.8	1,050,000	74.7
Others				
Outpatients	2,413,510	38.3	100,200	22.5
Outpatient Treatments	3,837,928	37.2	356,100	25.3

^{a/} Calendar year 1948 for Army and Air Force; fiscal year 1948 for Public Health Service.

Organization of Outpatient Care

Public Health Service

Outpatient services for the Public Health Service are provided by five different types of facilities or organizational units: Marine hospitals, second class medical relief stations, third class medical relief stations, fourth class stations, and designated physicians of the Coast Guard. All of the Marine hospitals have outpatient departments including at least a dental clinic and a general medical clinic. The larger hospitals have eye, ear, nose and throat clinics, dermatology-syphilology clinics, surgery and medical clinics. During the fiscal year 1948 the

Marine hospitals handled 60 percent of the outpatients treated and about one-third were handled by second class stations. Less than one percent of the outpatients were treated by designated physicians of the Coast Guard. These physicians are paid on a flat sum basis, related to the workload, and supply medical services in areas where small numbers of Coast Guard personnel are stationed.

Army and Air Force

Army and Air Force personnel, their dependents and the other groups entitled to receive medical care, are given outpatient treatments and examinations at all hospitals (general and station) and at dispensaries. Dispensaries, located at Army and Air Force posts, in certain military areas, and with field units are set up primarily for sick call, for treatments of minor illnesses and injuries, and for examination of persons to determine need for hospitalization. Medical and dental service is furnished personnel in quarters only in emergencies or when transportation of a patient to a hospital is inadvisable.

In addition, the medical department of the Army provides "on-the-job" (industrial medicine) medical and surgical service to civilian employees of the Army at installations which manufacture, process, store, ship or repair supplies and equipment.

Veterans Administration

In the Veterans Administration outpatient service is furnished in hospitals, clinics, and on a contract basis through the use of private physicians and dentists all over the country. Since the initial demand of World War II veterans for outpatient medical and dental care was expected to decrease it was decided not to construct, staff and equip

enough clinics to take care of the peak load but to utilize private practitioners. The Veterans Administration, therefore, set up the "home town" medical, dental and pharmaceutical care programs. The "home town" program is operated in three ways: 1) through the state medical societies which act as an intermediary between the veteran and the Veterans Administration and through which the Veterans Administration pays for the services rendered according to an agreed fee schedule; 2) by direct dealing with the physician and the veterans but with payments to the physicians and dentists made according to a fixed fee schedule determined by the state medical society and the Veterans Administration; and 3) by direct negotiation with the physicians who are paid according to local prevailing rates. In the fiscal year 1948 about 41 percent of the treatments and 38 percent of the examinations purchased from contract physicians were under the first method and 52 percent and 50 percent respectively, under the second.

Volume of Care

During the fiscal year 1948 the Public Health Service treated 444,700 outpatients, gave 1,406,100 outpatient treatments and 161,000 physical examinations. The bulk of the treatments, 95 percent, were made in Marine hospitals and second class stations. The following indicates the nature of all outpatient treatments for the Public Health Service although it is a distribution only of those at the hospitals and the second class stations.

The first part of the report deals with the general situation of the country and the progress of the work during the year. It is followed by a detailed account of the various projects and the results achieved. The report concludes with a summary of the work done and the plans for the future.

Yours faithfully,

John Doe
Secretary
The National Association of Teachers
123 Main Street
New York, N.Y.

Total	<u>100.0%</u>
Dental	27.0
General Medical	20.5
Physical Therapy and X-ray	19.9
Surgical	11.4
Dermatology-Syphilology	10.5
EENT	5.5
Inoculations and vaccinations	4.7
Other	0.5

The Army and Air Force provided 10,313,843 outpatient medical treatments to 6,307,506 persons during the year 1948. The volume of outpatient treatments are, of course, related to the strength of the armed forces and the number has declined rapidly since 1946; data are not available for the war years. In 1946 outpatients treated totaled 27,746,166 and treatments 50,639,918; for 1947 the figures were 9,077,103 and 14,519,473 for patients and treatments, respectively. Medical and dental treatments provided at all general hospitals were 2,347,823. Almost half were medical and surgical and about a quarter were laboratory tests and procedures.

<u>Service</u>	<u>Number</u>	<u>Percent</u>
Medical and Surgical	1,067,826	45.5
Laboratory	560,473	23.9
Dental	343,687	14.6
Pharmacy	228,810	9.7
X-ray	147,027	6.3
Total	2,347,826	100.0

All types of medical service are given in the Veterans Administration outpatient clinics and on a contract basis: medical, surgical, neuropsychiatric, tubercular and other. During fiscal year 1948 there were 5,240,000 visits to Veterans Administration clinics for medical

examination and 954,000 examinations given by contract physicians.

During the same year 2,498,000 medical treatments were given in Veterans Administration clinics and 2,735,000 purchased from contract physicians.

EXAMINATIONS and TREATMENTS BY TYPE
as a Percent of Total

Type of Examination	Examinations		Treatments	
	VA Staff	Contract Physicians	VA Staff	Contract Physicians
Total:				
Number	5,240,000	954,000	2,498,000	2,735,000
Percent	100.0	100.0	100.0	100.0
General Medical	24.2	14.3	33.7	26.6
E.N.T.	4.0	4.8	4.1	8.6
Eye	2.2	3.1	2.1	1.1
Heart	1.7	2.0	0.8	2.6
Dermatology	2.2	2.1	5.2	7.9
Venereal Disease	0.2	0.1	0.3	0.1
G.U. and Gyn.	1.1	1.2	1.2	2.7
General Surgery	4.5	2.9	1.8	2.4
Orthopedic	7.5	8.7	5.0	11.3
Psychiatric	5.3	11.3	10.2	14.3
Neurological	1.7	1.9	1.1	2.0
Tuberculosis	1.5	1.5	1.9	5.6
X-Ray, Fluoroscopic, EKG	18.7	26.2	1.7	1.5
Physical Therapy	-	-	24.5	6.2
Laboratory Tests	22.0	17.8	-	-
All Other	3.2	2.1	6.4	7.1

In addition to its medical program, the Veterans Administration service conducts a large-scale dental program and a pharmaceutical program. Early in 1946 veterans began to come to the Veterans Administration in such large numbers that tremendous backlogs were built up. In order to expedite dental, specific determination of a service-connected

condition was temporarily waived in favor of a prima-facie determination of eligibility. By the end of June 1948 with an application rate of about 60,000 a month, there were only 290,000 cases backlogged as compared with a backlog of almost 550,000 cases ten months earlier. During the fiscal year 1948, nearly 800,000 dental examination cases and about 650,000 treatment cases were completed.

	<u>Total</u>	<u>By VA Staff</u>	<u>By Contract Dentists</u>
Dental Examinations			
Completed	700,787	279,778	421,009
Dental Treatments			
Completed	655,451	53,087	602,364

Under the pharmaceutical program the Veterans Administration staff pharmacists filled 1,360,000 prescriptions and 529,000 prescriptions were filled by local pharmacists under a "home town" pharmaceutical program.

The Navy does not keep records of the volume of outpatient services which it gives active duty personnel. However, the Bureau of Medicine and Surgery estimates that about 50 men are seen by physicians at sick call for every man admitted for inpatient care. Based on this premise, there would have been approximately 5,000,000 visits to sick call during the fiscal year 1948. Dependents' outpatient visits to Naval medical facilities totaled about 1,204,000 during 1947.

The Indian Service reports 158,920 outpatient services in its 58 continental United States hospitals for the fiscal year 1947 and the first nine months of the fiscal year 1948. Outpatient services are not defined but probably include examinations and treatments.

Distribution of Outpatient Service by Class of Beneficiary

Public Health Service
Fiscal Year 1948

	Outpatients Treated <u>1/</u>	Outpatient Treatments <u>1/</u>	Physical Examinations <u>1/</u>
American Seamen	283,600	846,200	72,800
Coast Guard personnel	36,800	101,400	11,700
Bureau of Employees			
Compensation cases	37,100	186,000	20,200
Public Health Service	24,100	102,400	2,400
Dependents			
Coast Guard personnel	15,900	61,100	100
Coast and Geodetic			
Survey personnel	600	2,600	100
Public Health Service			
officers	2,400	13,200	*
Foreign Service	4,700	8,900	100
Immigration	2,500	2,800	1,800
Army	700	1,700	*
Navy	700	1,900	*
Veterans Administration	300	2,100	1,700
Federal employces	--	--	31,200
All Other	35,300	75,800	18,900
Total	444,700	1,406,100	161,000

1/ All figures rounded to nearest 100.

* Less than 50.

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PHYSICS DEPARTMENT

REPORT OF THE

COMMISSIONERS OF THE

BOARD OF EDUCATION

FOR THE YEAR 1900

CHICAGO, ILL.

1901

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THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT

REPORT OF THE

COMMISSIONERS OF THE

BOARD OF EDUCATION

Outpatient Workload and Operating Costs by Type of Station

Public Health Service
Fiscal Year 1948

Type of Station	Outpatients Treated	Outpatient Treatments	Physical Examinations	Estimated Operating Cost
Marine Hospitals	263,700	799,200	77,000	\$1,560,000
Second Class Stations	145,400	532,500	72,300	1,350,000
Third Class Stations	29,300	59,700	9,900	240,000
Fourth Class Stations	100	100	--	N.A.
Designated Physicians	4,100	7,800	1,500	175,000
Contract Dentists	2,000	6,500	--	35,000
Emergency Care				
Non-PHS Facilities	<u>100</u>	<u>300</u>	<u>300</u>	<u>N.A.</u>
Total	444,700	1,406,100	161,000	\$3,360,000

N.A. -- Not available

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VETERANS ADMINISTRATION OUTPATIENT MEDICAL PROGRAM DURING FISCAL YEAR 1948

Purpose of Service	Number of Individuals Examined or Treated			
	Total	Total	By VA Staff	
			In hospitals	In Out-patient Clinics
By Contract Physicians	Individuals Examined			
Total	2,841,335	2,249,259	724,433	1,524,826
Comperation or Pension	1,223,108	855,242	67,307	787,935
To Determine Eligibility for Hospitalization ^{a/}	691,131	642,951	387,409	255,542
To Determine need for Out-Patient Treatment	699,855	541,969	152,080	389,889
To Determine Medical Feasibility of Vocational Rehabilitation ^{b/}	62,357	47,411	1,493	45,918
To Determine eligibility for Reinstatement of Insurance ^{c/}	23,196	20,991	863	20,128
All Other Purposes ^{c/}	141,688	140,695	115,281	25,414
Individuals Treated				
Total	1,937,842	1,176,657	311,653	865,004
Out-patient Treatment	1,773,616	1,043,530	225,242	818,294
To Retain Physical Fitness for Vocational Training ^{b/}	67,516	37,381	2,469	34,912
All Other Purposes ^{c/}	96,710	95,740	83,942	11,798

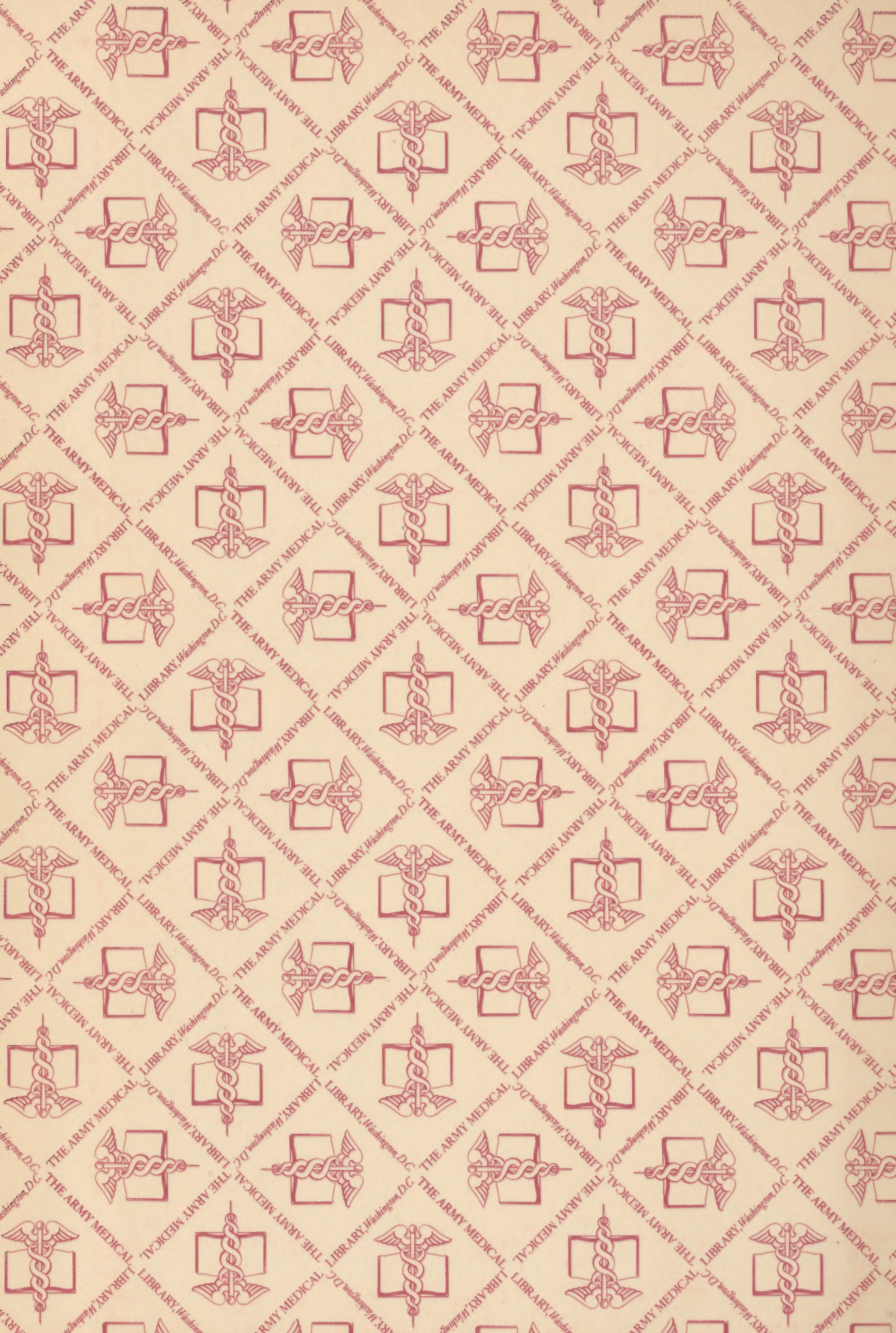
^{a/} and domiciliary care. ^{b/} or need for treatment of veterans under training. ^{c/} Other agencies, VA personnel, etc.

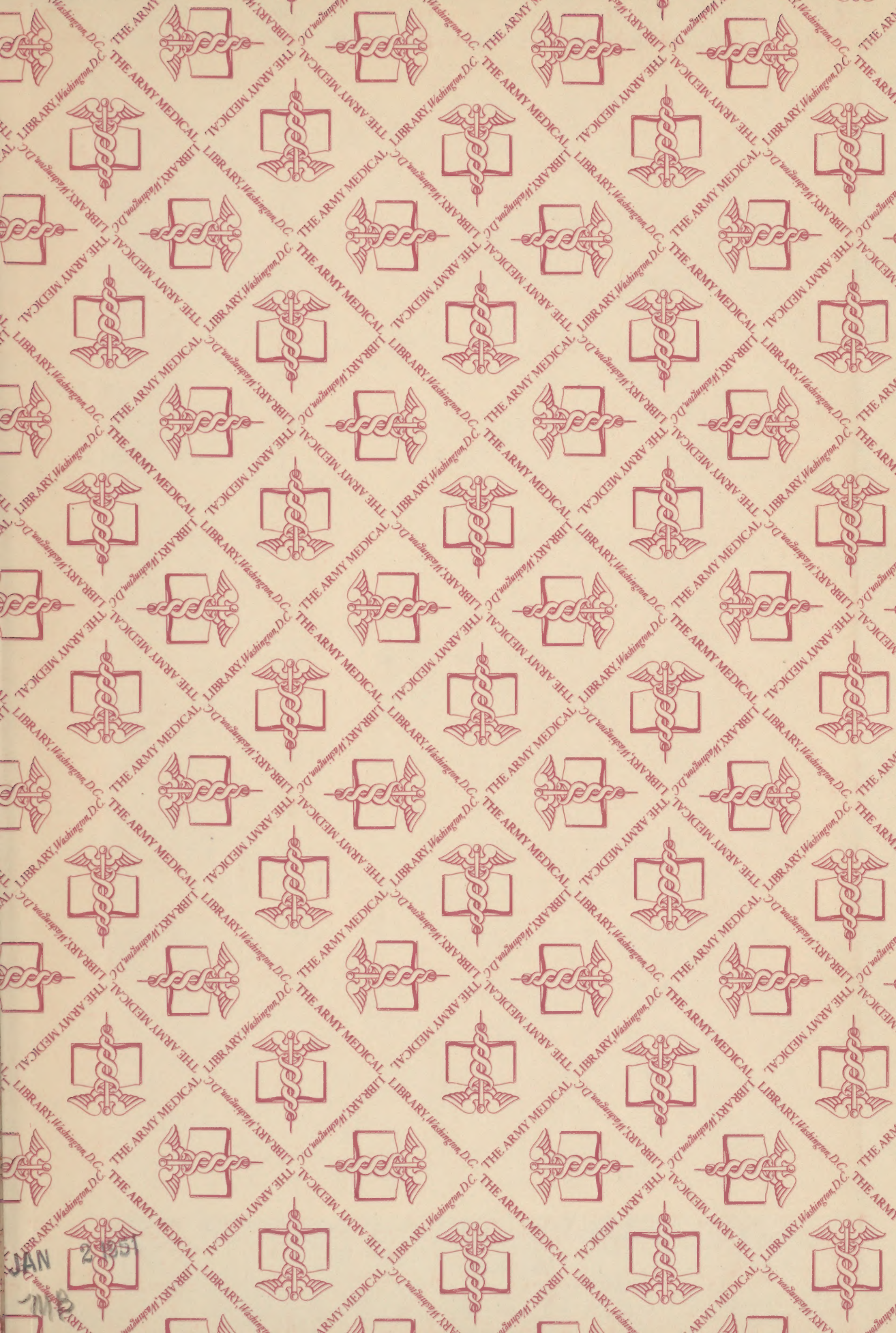
NUMBER OF ARMY AND NON-ARMY OUT-PATIENTS AND OUT-PATIENT TREATMENTS
NUMBER OF PHYSICAL EXAMINATIONS AND VACCINATIONS IN CONTINENTAL UNITED STATES AND OVERSEAS

By Type of Installation
Fiscal Year 1948

Type of Installation	Army and Air Force		Non-Military		MILITARY AND NON-MILITARY	
	Number of Out-Patients	Number of Out-Patient Treatments	Number of Out-Patients	Number of Out-Patient Treatments	Physical Examinations	Vaccinations and Immunizations
Worldwide	3,893,996	6,475,915	2,413,510	3,837,928	2,366,706	5,866,569
Continental United States	2,197,422	3,529,376	1,751,551	2,766,548	1,801,039	3,348,561
General Hospitals (Surgeon General) Station Hospitals - Total	259,032	399,302	363,705	614,532	136,187	114,442
Army	1,518,150	2,299,824	878,837	1,393,576	1,259,643	2,424,988
Air Force	884,465	1,298,204	401,897	678,263		
Dispensaries - Total	633,685	1,001,620	476,940	715,313		
Army	420,240	830,250	509,009	758,440	405,209	809,131
Air Force	316,120	624,353	409,595	611,568		
	104,120	205,897	99,414	146,872		
Overseas	1,696,574	2,946,539	661,959	1,071,380	565,667	2,518,008
All Hospitals	406,667	715,304	242,688	378,156	90,474	215,909
All Dispensaries	1,289,907	2,231,233	419,271	693,224	475,193	2,302,099

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